

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address   | Secondary Address   | Tertiary Address |
|---|---|---|------------------|
| <b>FOSBINDER JOHN, J</b>  | <b>5300 LENNOX AVE STE 105<br/>BAKERSFIELD CA 93308</b> | <b>1701 26TH ST<br/>BAKERSFIELD CA 93301</b>                |                  |
| Availability: <b>OPEN</b>   |   |   |                  |
| Board Certified:  | Phone: <b>661-735-1710</b>                              | Phone: <b>661-735-1710</b>                                  | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-888-4841</b>                                | Fax: <b>661-888-4841</b>                                    | Fax:             |
| Group Affiliation: <b>LAC MEDICAL, INC., A<br/>CALIFORNIA<br/>PROFESSIONAL<br/>CORPORATION</b>        |   |   |                  |
| <b>ARORA ROHIT,</b>   | <b>396 N CHURCH RD STE 3<br/>EARLIMART CA 93219</b>     | <b>590 W PUTNAM AVE<br/>STE 2A<br/>PORTERVILLE CA 93257</b> |                  |
| Availability: <b>OPEN</b>   |   |   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-552-5100</b>                              | Phone: <b>559-781-3700</b>                                  | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>559-781-1766</b>                                | Fax: <b>5597814131</b>                                      | Fax:             |
| Group Affiliation: <b>VALLEY HEALTHCARE<br/>CENTERS</b>   |   |   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address                                       |
|---|--|--|--|
| <b>GORAYA NADEEM, A</b>   | <b>3838 SAN DIMAS ST STE A200</b>                      | <b>707 W VALLEY BLVD</b>                               | <b>3737 SAN DIMAS ST STE 101</b>                       |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93301</b>                            | <b>TEHACHAPI CA 93561</b>                              | <b>BAKERSFIELD CA 93301</b>                            |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-654-0200</b><br>Fax: <b>661-664-2855</b> | Phone: <b>661-822-2530</b><br>Fax: <b>661-822-2536</b> | Phone: <b>661-558-4649</b><br>Fax: <b>661-378-9222</b> |
| Language:   |  |  |  |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                           |  |  |  |
| <b>GONZALEZ PEREZ ALEJANDRO,</b>  | <b>100 E NORTH ST</b>                                  |  |  |
| Availability: <b>OPEN</b>   | <b>TAFT CA 93268</b>                                   |  |  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-765-1935</b><br>Fax: <b>661-765-1928</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>WEST SIDE HEALTH CARE DISTRICT</b>                              |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>GONZALEZ PEREZ ALEJANDRO,</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>625 34TH ST STE 100 &amp; 200</b>                   |                   |                  |
|   | <b>BAKERSFIELD CA 93301</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |
| <b>GONZALEZ ARIEL, B</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>7800 NILES ST</b>                                   |                   |                  |
|   | <b>BAKERSFIELD CA 93306</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-328-4284</b><br>Fax: <b>661-616-9977</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address   | Secondary Address  | Tertiary Address |
|---|---|--|------------------|
| <b>GILL WILLIAM, E</b>  |   |  |                  |
|   | <b>8327 BRIMHALL RD BLDG 700<br/>STE 704<br/>BAKERSFIELD CA 93312</b> |  |                  |
| Availability: <b>OPEN</b>   |   |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-829-7677</b><br>Fax: <b>661-679-6921</b>                | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language:   |   |  |                  |
| Group Affiliation: <b>MESA WEST MEDICAL, A<br/>PRIMARY CARE<br/>MEDICAL GROUP, INC.</b>               |   |  |                  |
| <b>GILL HARSIMRAN, S</b>  |   |  |                  |
|   | <b>3838 SAN DIMAS ST STE A200<br/>BAKERSFIELD CA 93301</b>            | <b>9500 STOCKDALE HWY<br/>STE 200<br/>BAKERSFIELD CA 93311</b> |                  |
| Availability: <b>OPEN</b>   |   |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-654-0200</b><br>Fax: <b>661-664-2855</b>                | Phone: <b>661-627-1431</b><br>Fax: <b>661-654-8340</b>         | Phone:<br>Fax:   |
| Language:   |   |  |                  |
| Group Affiliation: <b>DIGNITY HEALTH<br/>MEDICAL FOUNDATION</b>                                       |   |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>GHADIYA MANSUKH, R</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>2201 MT VERNON AVE<br/>BAKERSFIELD CA 93306</b>     |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-215-4948</b><br>Fax: <b>855-677-5701</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>MANSUKH GHADIYA,<br/>M.D., INC.</b>   |  |                   |                  |
| <b>GHADIA ASHOKKUMAR, R</b>   |  |                   |                  |
| Availability: <b>CLOSED</b>   | <b>4813 COFFEE RD STE 200<br/>BAKERSFIELD CA 93308</b> |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-664-0252</b><br>Fax: <b>661-664-2717</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CENTRIC HEALTH</b>  |  |                   |                  |
| <b>GREWAL NAMDEEP,</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>7800 NILES ST<br/>BAKERSFIELD CA 93306</b>          |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-328-4284</b><br>Fax: <b>661-616-9977</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                    | Tertiary Address                              |
|---|--|--|---|
| <b>GARCIA-ARISTIZABAL LUZ, A</b>  |  |  |   |
| Availability: <b>OPEN</b>   | <b>2505 MERCED ST<br/>FRESNO CA 93654</b>              |  |   |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b>           | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:                                       | Phone:<br>Fax:                                |
| Language: <b>SPANISH</b>  |  |  |   |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |   |
| <b>HALL SUSAN, J</b>  |  |  |   |
| Availability: <b>OPEN</b>   | <b>432 W J ST BLDG A<br/>TEHACHAPI CA 93561</b>        |  |   |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-822-4421</b><br>Fax: <b>661-822-6250</b> | Phone:<br>Fax:                                       | Phone:<br>Fax:                                |
| Language:   |  |  |   |
| Group Affiliation: <b>CENTRIC HEALTH</b>  |  |  |   |
| <b>FONG BALART JOSUE,</b>   |  |  |   |
| Availability: <b>OPEN</b>   | <b>4043 STOCKDALE HWY<br/>BAKERSFIELD CA 93309</b>     | <b>1311 COLUMBUS ST<br/>BAKERSFIELD CA 93305</b>     | <b>5401 WHITE LN<br/>BAKERSFIELD CA 93309</b> |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-396-7100</b><br>Fax: <b>661-735-8901</b> | Phone: <b>6613796061</b><br>Fax: <b>661-427-2551</b> | Phone: <b>6613967100</b><br>Fax:              |
| Language: <b>SPANISH</b>  |  |  |   |
| Group Affiliation: <b>INFUSION AND CLINICAL SERVICES, INC.</b>                        |  |  |   |

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|---|--|-------------------|------------------|
| <b>FONG BALART JOSUE,</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>1217 7TH ST</b>                                     |                   |                  |
|   | <b>WASCO CA 93280</b>                                  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-758-5500</b><br>Fax: <b>661-758-5511</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP</b>   |  |                   |                  |
| <b>BECERRA RAMIREZ MILAGROS,</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>625 34TH ST STE 100 &amp; 200</b>                   |                   |                  |
|   | <b>BAKERSFIELD CA 93301</b>                            |                   |                  |
| Board Certified:  | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |
| <b>BEARE MATTHEW, B</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>1015 BAKER ST STE 4</b>                             |                   |                  |
|   | <b>BAKERSFIELD CA 93305</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-328-4283</b><br>Fax: <b>661-843-8619</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |

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| Provider Specialty / Provider Name   | Primary Address   | Secondary Address                                      | Tertiary Address |
|--|---|--|------------------|
| <b>AZIZ HANY,</b>  |   |  |                  |
| Availability: <b>OPEN</b>  | <b>625 34TH ST STE 100 &amp; 200<br/>BAKERSFIELD CA 93301</b> |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(PULMONARY DISEASE -<br/>SUBSPECIALTY)</b> | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b>        | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>   |   |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>   |   |  |                  |
| <b>AYENI AYODEJI, A</b>  |   |  |                  |
| Availability: <b>OPEN</b>  | <b>501 MUNZER ST STE C<br/>SHAFTER CA 93263</b>               |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS (GENERAL)</b>   | Phone: <b>661-364-5274</b><br>Fax: <b>661-630-5290</b>        | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>   |   |  |                  |
| Group Affiliation: <b>SHAFTER PEDIATRICS</b>   |   |  |                  |
| <b>AYALA-RODRIGUEZ IRVING,</b>   |   |  |                  |
| Availability: <b>OPEN</b>  | <b>625 34TH ST STE 100 &amp; 200<br/>BAKERSFIELD CA 93301</b> | <b>2000 PHYSICIAN BLVD<br/>BAKERSFIELD CA 93301</b>    |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b>          | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b>        | Phone: <b>661-324-1455</b><br>Fax: <b>661-324-3720</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>   |   |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>   |   |  |                  |



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|---|---|---|---------------------------------|
| <b>AWADALLA NAGY, S</b>   | <b>1701 STINE RD</b>                    | <b>4900 CALIFORNIA AVE<br/>STE 100B</b> | <b>210 N CHESTER AVE</b>        |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93309</b>             | <b>BAKERSFIELD CA 93309</b>             | <b>BAKERSFIELD CA<br/>93308</b> |
| Board Certified:  | Phone: <b>866-707-6664</b>              | Phone: <b>866-707-6664</b>              | Phone: <b>866-707-6664</b>      |
| Language: <b>SPANISH</b>  | Fax: <b>661-746-9197</b>                | Fax: <b>661-746-9197</b>                | Fax: <b>661-746-9197</b>        |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |   |   |                                 |
| <b>LOPEZ JUAN, M</b>  | <b>4900 CALIFORNIA AVE STE<br/>B100</b> | <b>912 FREMONT ST</b>                   | <b>320 JAMES ST</b>             |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93309</b>             | <b>DELANO CA 93215</b>                  | <b>SHAFTER CA 93263</b>         |
| Board Certified: <b>AMERICAN BOARD OF<br/>OBSTETRICS &amp;<br/>GYNECOLOGY<br/>(GENERAL)</b>       | Phone: <b>866-707-6664</b>              | Phone: <b>866-707-6664</b>              | Phone: <b>866-707-6664</b>      |
| Language: <b>SPANISH</b>  | Fax: <b>661-758-8132</b>                | Fax: <b>661-459-1821</b>                | Fax: <b>661-730-7655</b>        |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |   |   |                                 |
| <b>GAVILAN-YODU RONALD, J</b>   | <b>100 E NORTH ST</b>                   |   |                                 |
| Availability: <b>OPEN</b>   | <b>TAFT CA 93268</b>                    |   |                                 |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-765-1935</b>              | Phone:                                  | Phone:                          |
| Language: <b>SPANISH</b>  | Fax: <b>661-765-1928</b>                | Fax:                                    | Fax:                            |
| Group Affiliation: <b>WEST SIDE HEALTH<br/>CARE DISTRICT</b>                                      |   |   |                                 |

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| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>HUGHES KELLY, A</b>  |  |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                                  | <b>161 N MILL ST</b>                                   |  |                  |
|   | <b>TEHACHAPI CA 93280</b>                              |  |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>              | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>                                |  |  |                  |
| <b>LAVADIA ELSA, T</b>  |  |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                                  | <b>300 OLD RIVER RD STE 105</b>                        | <b>1215 34TH ST</b>                                    |                  |
|   | <b>BAKERSFIELD CA 93311</b>                            | <b>BAKERSFIELD CA 93301</b>                            |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>              | Phone: <b>661-663-4700</b><br>Fax: <b>661-663-4740</b> | Phone: <b>661-663-4700</b><br>Fax: <b>661-489-3338</b> | Phone:<br>Fax:   |
| Language:   |  |  |                  |
| Group Affiliation: <b>COASTAL KIDS, A PROFESSIONAL MEDICAL CORPORATION</b>  |  |  |                  |
| <b>LAGUNDA JOSE, E</b>  |  |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                                  | <b>4151 MEXICALI DR</b>                                | <b>210 N CHESTER AVE</b>                               |                  |
|   | <b>BAKERSFIELD CA 93313</b>                            | <b>BAKERSFIELD CA 93308</b>                            |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>                                |  |  |                  |

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| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>KUBO CALVIN, J</b>   |  |                   |                  |
| Availability: <b>CLOSED</b>   | <b>4813 COFFEE RD STE 200</b>                          |                   |                  |
|   | <b>BAKERSFIELD CA 93308</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-664-0252</b><br>Fax: <b>661-664-2717</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CENTRIC HEALTH</b>  |  |                   |                  |
| <b>KRISHNAN JYOTHI,</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9300 N LOOP BLVD STE C</b>                          |                   |                  |
|   | <b>CALIFORNIA CITY CA 93505</b>                        |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (GENERAL)</b>                 | Phone: <b>661-874-4050</b><br>Fax: <b>866-572-7851</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>BARTZ-ALTADONNA COMMUNITY HEALTH CENTER</b>                     |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

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|---|--|--|--|
| <b>KOTHARY HEMMAL, S</b>  | <b>9500 STOCKDALE HWY STE 201</b>                      | <b>707 W VALLEY BLVD</b>                               | <b>3838 SAN DIMAS ST<br/>STE A200</b>                  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93311</b>                            | <b>TEHACHAPI CA 93561</b>                              | <b>BAKERSFIELD CA<br/>93301</b>                        |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-327-1431</b><br>Fax: <b>661-321-3286</b> | Phone: <b>661-822-2530</b><br>Fax: <b>661-822-2536</b> | Phone: <b>661-654-0200</b><br>Fax: <b>661-326-1633</b> |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>DIGNITY HEALTH<br/>MEDICAL FOUNDATION</b>                                   |  |  |  |
| <b>KIM JAE, J</b>   | <b>565 KERN ST</b>                                     |  |  |
| Availability: <b>OPEN</b>   | <b>SHAFTER CA 93263</b>                                |  |  |
| Board Certified:  | Phone: <b>661-746-4937</b><br>Fax: <b>855-200-2829</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH, KOREAN</b>  |  |  |  |
| Group Affiliation: <b>VANGUARD MEDICAL<br/>CORPORATION</b>  |  |  |  |
| <b>KANKAR PADMAJA,</b>  | <b>300 OLD RIVER RD STE 105</b>                        | <b>1215 34TH ST</b>                                    |  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>BAKERSFIELD CA 93311</b>                            | <b>BAKERSFIELD CA 93301</b>                            |  |
| Board Certified:  | Phone: <b>661-663-4700</b><br>Fax: <b>661-663-4740</b> | Phone: <b>6616634700</b><br>Fax: <b>6616634740</b>     | Phone:<br>Fax:   |
| Language:   |  |  |  |
| Group Affiliation: <b>COASTAL KIDS, A<br/>PROFESSIONAL<br/>MEDICAL CORPORATION</b>                |  |  |  |

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| Provider Specialty / Provider Name  | Primary Address   | Secondary Address                                      | Tertiary Address |
|---|---|--|------------------|
| <b>IRENE SUNDAY, O</b>  |   |  |                  |
| Availability: <b>OPEN</b>   | <b>815 DR MARTIN LUTHER KING<br/>JR BLVD<br/>BAKERSFIELD CA 93307</b> |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-322-3905</b><br>Fax: <b>661-322-1370</b>                | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |   |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |   |  |                  |
| <b>INSORIO ALDRIN, T</b>  |   |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>500 40TH ST<br/>BAKERSFIELD CA 93301</b>                           | <b>9880 BRIMHALL RD<br/>BAKERSFIELD CA 93312</b>       |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS (GENERAL)</b>                                | Phone: <b>661-327-3784</b><br>Fax: <b>661-327-0164</b>                | Phone: <b>661-663-3122</b><br>Fax: <b>661-663-3133</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |   |  |                  |
| Group Affiliation: <b>VALLEY CHILDRENS<br/>PRIMARY CARE GROUP</b>                                 |   |  |                  |
| <b>GORAYA NADEEM, A</b>   |   |  |                  |
| Availability: <b>OPEN</b>   | <b>9500 STOCKDALE HWY STE 200<br/>BAKERSFIELD CA 93311</b>            |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-327-1431</b><br>Fax: <b>661-654-8340</b>                | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language:   |   |  |                  |
| Group Affiliation: <b>DIGNITY HEALTH<br/>MEDICAL FOUNDATION</b>                                   |   |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>HUNT RASELETTE, A</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9300 N LOOP BLVD STE C</b>                          |                   |                  |
|   | <b>CALIFORNIA CITY CA 93505</b>                        |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-874-4050</b><br>Fax: <b>866-572-7851</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>BARTZ-ALTADONNA COMMUNITY HEALTH CENTER</b>                     |  |                   |                  |
| <b>AMIN HASMUKH, C</b>  |  |                   |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>9508 STOCKDALE HWY STE 150</b>                      |                   |                  |
|   | <b>BAKERSFIELD CA 93311</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>                        | Phone: <b>661-663-7500</b><br>Fax: <b>661-663-3063</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>COASTAL KIDS, A PROFESSIONAL MEDICAL CORPORATION</b>            |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name                                  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <hr/>   |  |                   |                  |
| <b>HSIEH AN-CHIH,</b>   | <b>9300 N LOOP BLVD STE C</b>                          |                   |                  |
| Availability: <b>OPEN</b>   | <b>CALIFORNIA CITY CA 93505</b>                        |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (GENERAL)</b> | Phone: <b>661-874-4050</b><br>Fax: <b>866-572-7851</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>BARTZ-ALTADONNA COMMUNITY HEALTH CENTER</b>   |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>HOLM WILLIAM, L</b>  | <b>9880 BRIMHALL RD</b>                                |                   |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                          | <b>BAKERSFIELD CA 93312</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>      | Phone: <b>661-663-3122</b><br>Fax: <b>661-663-3133</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>VALLEY CHILDRENS PRIMARY CARE GROUP</b>       |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>HILVERS TAMARA, R</b>  | <b>100 E NORTH ST</b>                                  |                   |                  |
| Availability: <b>OPEN</b>   | <b>TAFT CA 93268</b>                                   |                   |                  |
| Board Certified:  | Phone: <b>661-765-1935</b><br>Fax: <b>661-765-1928</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>WEST SIDE HEALTH CARE DISTRICT</b>            |  |                   |                  |
| <hr/>   |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address                                       |
|---|--|--|--|
| <b>HERNANDEZ ULISSES,</b>   | <b>2101 7TH ST</b>                                     | <b>21138 PASO ROBLES HWY</b>                           | <b>6700 NILES ST</b>                                   |
| Availability: <b>OPEN</b>   | <b>WASCO CA 93280</b>                                  | <b>LOST HILLS CA 93249</b>                             | <b>BAKERSFIELD CA 93306</b>                            |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |
| <b>HERNANDEZ ALEX, Y</b>  | <b>2505 MERCED STREET</b>                              | <b>1900 N GATEWAY BLVD STE 116</b>                     |  |
| Availability: <b>OPEN</b>   | <b>FRESNO CA 93721</b>                                 | <b>FRESNO CA 93727</b>                                 |  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE - GENERAL</b>                   | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |



## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address   |
|---|--|--|--|
| <b>HENEIN NASSEF, H</b>   | <b>210 N CHESTER AVE</b>                               | <b>525 ROBERTS LN</b>                                  | <b>4600 PANAMA LN</b>                                    |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93308</b>                            | <b>BAKERSFIELD CA 93308</b>                            | <b>STE 102B</b><br><b>BAKERSFIELD CA</b><br><b>93313</b> |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b>   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |
| <b>HAYES JOSEPH, L</b>  | <b>4900 CALIFORNIA AVE STE B100</b>                    | <b>6700 NILES ST</b>                                   |  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93309</b>                            | <b>BAKERSFIELD CA 93306</b>                            |  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address   | Secondary Address                                      | Tertiary Address |
|---|---|--|------------------|
| <b>HAMMAMI MOHAMMAD, M</b>  |   |  |                  |
| Availability: <b>OPEN</b>   | <b>611 AIRPORT DR<br/>BAKERSFIELD CA 93308</b>          | <b>5401 WHITE LN<br/>BAKERSFIELD CA 93309</b>          |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-735-8870</b><br>Fax: <b>661-399-4224</b>  | Phone: <b>6613967100</b><br>Fax: <b>6613994224</b>     | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |   |  |                  |
| Group Affiliation: <b>INFUSION AND CLINICAL<br/>SERVICES, INC.</b>                                    |   |  |                  |
| <b>HALL WILLIAM, L</b>  |   |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>500 40TH ST<br/>BAKERSFIELD CA 93301</b>             | <b>9880 BRIMHALL RD<br/>BAKERSFIELD CA 93312</b>       |                  |
| Board Certified:  | Phone: <b>661-327-3784</b><br>Fax: <b>661-327-0164</b>  | Phone: <b>661-663-3122</b><br>Fax: <b>661-663-3133</b> | Phone:<br>Fax:   |
| Language:   |   |  |                  |
| Group Affiliation: <b>VALLEY CHILDRENS<br/>PRIMARY CARE GROUP</b>                                     |   |  |                  |
| <b>IDEA LILITH, B</b>   |   |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>4600 PANAMA LN STE 102B<br/>BAKERSFIELD CA 93313</b> |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS (GENERAL)</b>                                    | Phone: <b>866-707-6664</b><br>Fax: <b>661-630-7750</b>  | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language:   |   |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |   |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                  | Tertiary Address |
|---|--|------------------------------------|------------------|
| <b>BONGURALA ARCHANA REDDY,</b>   |  |                                    |                  |
| Availability: <b>OPEN</b>   | <b>210 N CHESTER AVE</b>                               |                                    |                  |
|   | <b>BAKERSFIELD CA 93308</b>                            |                                    |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b>           | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                                    |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |                                    |                  |
| <b>ARREAZA HECTOR, J</b>  |  |                                    |                  |
| Availability: <b>OPEN</b>   | <b>7800 NILES ST</b>                                   |                                    |                  |
|   | <b>BAKERSFIELD CA 93306</b>                            |                                    |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-328-4284</b><br>Fax: <b>661-616-9980</b> | Phone:<br>Fax:                     | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                                    |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                                    |                  |
| <b>CHERIYAN ANNA, S</b>   |  |                                    |                  |
| Availability: <b>OPEN</b>   | <b>1611 1ST ST</b>                                     |                                    |                  |
|   | <b>BAKERSFIELD CA 93304</b>                            |                                    |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-336-5300</b><br>Fax: <b>661-336-5303</b> | Phone:<br>Fax:                     | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                                    |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                                    |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address                      | Secondary Address | Tertiary Address |
|---|--------------------------------------|-------------------|------------------|
| <b>CHENG MARSHA, R</b>  |                                      |                   |                  |
| Availability: <b>OPEN</b>   | <b>625 34TH ST STE 100 &amp; 200</b> |                   |                  |
|   | <b>BAKERSFIELD CA 93301</b>          |                   |                  |
| Board Certified:  | Phone: <b>833-678-2781</b>           | Phone:            | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-368-0618</b>             | Fax:              | Fax:             |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |                                      |                   |                  |
| <b>CHEN STEVEN, Y</b>   |                                      |                   |                  |
| Availability: <b>CLOSED</b>   | <b>3300 BUENA VISTA RD BLDG K</b>    |                   |                  |
|   | <b>BAKERSFIELD CA 93311</b>          |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-664-1682</b>           | Phone:            | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-664-7304</b>             | Fax:              | Fax:             |
| Group Affiliation: <b>PREMIER FAMILY HEALTH CARE, A PROFESSIONAL CORPORATION</b>      |                                      |                   |                  |
| <b>CHADHA ANILA,</b>  |                                      |                   |                  |
| Availability: <b>CLOSED</b>   | <b>9500 STOCKDALE HWY STE 201</b>    |                   |                  |
|   | <b>BAKERSFIELD CA 93311</b>          |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-327-1431</b>           | Phone:            | Phone:           |
| Language:   | Fax: <b>661-231-3286</b>             | Fax:              | Fax:             |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                           |                                      |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>CASTILLO ROMEO, C</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9300 N LOOP BLVD STE C</b>                          |                   |                  |
|   | <b>CALIFORNIA CITY CA 93505</b>                        |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-874-4050</b><br>Fax: <b>888-977-1571</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>BARTZ-ALTADONNA COMMUNITY HEALTH CENTER</b>                     |  |                   |                  |
| <b>CAREY TONY, A</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>422 CENTER ST</b>                                   |                   |                  |
|   | <b>TAFT CA 93268</b>                                   |                   |                  |
| Board Certified:  | Phone: <b>661-765-1122</b><br>Fax: <b>661-765-1123</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>TONY A. CAREY, D.O., INC.</b>                                   |  |                   |                  |
| <b>CAMPBELL J. FOSTER,</b>  |  |                   |                  |
| Availability:   | <b>11612 BOLTHOUSE DR STE 100</b>                      |                   |                  |
|   | <b>BAKERSFIELD CA 93311</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-654-8338</b><br>Fax: <b>661-654-8383</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CENTRIC HEALTH</b>  |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>BUSTAMANTE JAVIER,</b>   |  |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                                  | <b>1215 34TH ST</b>                                    |  |                  |
|   | <b>BAKERSFIELD CA 93301</b>                            |  |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b> | Phone: <b>661-663-4700</b><br>Fax: <b>661-663-4740</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language:   |  |  |                  |
| Group Affiliation: <b>COASTAL KIDS, A PROFESSIONAL MEDICAL CORPORATION</b>  |  |  |                  |
| <hr/>   |  |  |                  |
| <b>CLAIBORNE RONNIE,</b>  |  |  |                  |
| Availability: <b>OPEN</b>   | <b>2303 S UNION AVE STE C2</b>                         | <b>3940 SAN DIMAS ST</b>                               |                  |
|   | <b>BAKERSFIELD CA 93307</b>                            | <b>BAKERSFIELD CA 93301</b>                            |                  |
| Board Certified:  | Phone: <b>661-885-7007</b><br>Fax: <b>661-735-3699</b> | Phone: <b>661-322-2164</b><br>Fax: <b>661-322-2178</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>CLINICA LA VICTORIA, A MEDICAL CORPORATION</b>        |  |  |                  |
| <hr/>   |  |  |                  |
| <b>BONGURALA ARCHANA REDDY,</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>210 N CHESTER AVE</b>                               | <b>912 FREMONT ST</b>                                  |                  |
|   | <b>BAKERSFIELD CA 93308</b>                            | <b>DELANO CA 93215</b>                                 |                  |
| Board Certified:  | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>                                |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address                                       |
|---|--|--|--|
| <b>COMELLI RUBEN, P</b>   | <b>277 E FRONT ST</b>                                  | <b>1014 CALLOWAY DR</b>                                | <b>3409 CALLOWAY DR<br/>UNIT 300</b>                   |
| Availability: <b>OPEN</b>   | <b>BUTTONWILLOW CA 93206</b>                           | <b>BAKERSFIELD CA 93312</b>                            | <b>BAKERSFIELD CA<br/>93312</b>                        |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |
| <b>BHAT PALLAVI, K</b>  | <b>11612 BOLTHOUSE DR STE 110</b>                      |  |  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93311</b>                            |  |  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-654-8338</b><br>Fax: <b>661-654-8383</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>CENTRIC HEALTH</b>  |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>BHARDWAJ MANICK,</b>   |  |                   |                  |
|   | <b>4817 CENTENNIAL PLZA WAY<br/>STE A<br/>BAKERSFIELD CA 93312</b> |                   |                  |
| Availability: <b>OPEN</b>   |  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-387-6700</b><br>Fax: <b>661-387-6511</b>             | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>RELIANCE MEDICAL<br/>GROUP, INC.</b>  |  |                   |                  |
| <b>BHANGOO SARUPINDER, S</b>  |  |                   |                  |
|   | <b>9508 STOCKDALE HWY STE<br/>140A<br/>BAKERSFIELD CA 93311</b>    |                   |                  |
| Availability: <b>OPEN</b>   |  |                   |                  |
| Board Certified:  | Phone: <b>661-664-4700</b><br>Fax: <b>661-664-6787</b>             | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>SARUPINDER S.<br/>BHANGOO, M.D. INC.</b>  |  |                   |                  |
| <b>BECK JASON, D</b>  |  |                   |                  |
|   | <b>67 EVANS RD<br/>WOFFORD HEIGHTS CA 93285</b>                    |                   |                  |
| Availability: <b>OPEN</b>   |  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b>     | Phone: <b>760-376-2276</b><br>Fax: <b>760-376-4801</b>             | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |



## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address                                       |
|---|--|--|--|
| <b>BAUTISTA LUIS, G</b>   | <b>2505 MERCED ST<br/>FRESNO CA</b>                        | <b>1530 E. MANNING AVE<br/>REEDLEY CA</b>              | <b>3748 E SHIELD AVE<br/>FRESNO CA</b>                 |
| Availability: <b>OPEN</b>   |  |  |  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b>     | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |
| <b>BAUTISTA LUIS, G</b>   | <b>6001-B TRUXTUN AVE STE 220<br/>BAKERSFIELD CA 93309</b> |  |  |
| Availability: <b>OPEN</b>   |  |  |  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-489-5999</b><br>Fax: <b>661-489-5991</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language:   |  |  |  |
| Group Affiliation: <b>CARLOS A. ALVAREZ,<br/>MD INC</b>   |  |  |  |
| <b>BAUTISTA JOSE, L</b>   | <b>2505 MERCED ST<br/>FRESNO CA 93721</b>                  |  |  |
| Availability: <b>OPEN</b>   |  |  |  |
| Board Certified:  | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language:   |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address   | Secondary Address                                      | Tertiary Address                                       |
|---|---|--|--|
| <b>BARROSO PEREZ ARLENIS,</b>   |   |  |  |
| Availability: <b>OPEN</b>   | <b>625 34TH ST STE 100 &amp; 200<br/>BAKERSFIELD CA 93301</b> |  |  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b>        | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |   |  |  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |   |  |  |
| <b>BARLAS TALAL,</b>  |   |  |  |
| Availability: <b>OPEN</b>   | <b>6700 NILES ST<br/>BAKERSFIELD CA 93306</b>                 | <b>4151 MEXICALI DR<br/>BAKERSFIELD CA 93313</b>       | <b>2811 H ST<br/>BAKERSFIELD CA<br/>93301</b>          |
| Board Certified:  | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b>        | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> |
| Language: <b>SPANISH</b>  |   |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |   |  |  |
| <b>BUSTAMANTE JAVIER,</b>   |   |  |  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>300 OLD RIVER RD STE 105<br/>BAKERSFIELD CA 93311</b>      |  |  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS<br/>(PEDIATRICS - GENERAL)</b>               | Phone: <b>661-663-4700</b><br>Fax: <b>661-663-4740</b>        | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language:   |   |  |  |
| Group Affiliation: <b>COASTAL KIDS, A<br/>PROFESSIONAL<br/>MEDICAL CORPORATION</b>                |   |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address                                       |
|---|--|--|--|
| <b>DIXON KIMBERLY, D</b>  |  |  |  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                                  | <b>1700 A ST<br/>BAKERSFIELD CA 93301</b>                  |  |  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b> | Phone: <b>661-327-3271</b><br>Fax: <b>661-327-7420</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>KIMBERLY DIXON M.D. CORPORATION</b>                   |  |  |  |
| <b>ALVAREZ CARLOS, A</b>  |  |  |  |
| Availability: <b>OPEN</b>   | <b>6001-B TRUXTUN AVE STE 220<br/>BAKERSFIELD CA 93309</b> | <b>8929 PANAMA LN<br/>LAMONT CA 93241</b>              | <b>9905 BACE AVE<br/>BAKERSFIELD CA 93307</b>          |
| Board Certified:  | Phone: <b>661-489-5999</b><br>Fax: <b>661-489-5991</b>     | Phone: <b>661-473-1753</b><br>Fax: <b>661-753-8644</b> | Phone: <b>661-831-1100</b><br>Fax: <b>661-831-8279</b> |
| Language:   |  |  |  |
| Group Affiliation: <b>CARLOS A. ALVAREZ, MD INC</b>                         |  |  |  |
| <b>ALVAREZ CARLOS, A</b>  |  |  |  |
| Availability: <b>OPEN</b>   | <b>801 SANTA FE WAY<br/>SHAFTER CA 93263</b>               |  |  |
| Board Certified:  | Phone: <b>661-746-7244</b><br>Fax: <b>661-746-7277</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language:   |  |  |  |
| Group Affiliation: <b>CARLOS A. ALVAREZ, MD INC</b>                         |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address                   | Secondary Address               | Tertiary Address |
|---|-----------------------------------|---------------------------------|------------------|
| <b>ADAMS DANIEL,</b>  | <b>3409 CALLOWAY DR</b>           | <b>659 S CENTRAL VALLEY HWY</b> |                  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93312</b>       | <b>SHAFTER CA 93263</b>         |                  |
| Board Certified:  | Phone: <b>866-707-6664</b>        | Phone: <b>866-707-6664</b>      | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-746-9197</b>          | Fax: <b>661-746-9197</b>        | Fax:             |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |                                   |                                 |                  |
| <b>FERRER MARIA, L</b>  | <b>2101 7TH ST</b>                | <b>912 FREMONT ST</b>           |                  |
| Availability: <b>OPEN</b>   | <b>WASCO CA 93280</b>             | <b>DELANO CA 93280</b>          |                  |
| Board Certified:  | Phone: <b>866-707-6664</b>        | Phone: <b>866-707-6664</b>      | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-746-9197</b>          | Fax: <b>661-746-9197</b>        | Fax:             |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |                                   |                                 |                  |
| <b>FADEFF CHRIS, M</b>  | <b>9500 STOCKDALE HWY STE 103</b> |                                 |                  |
| Availability: <b>CLOSED</b>   | <b>BAKERSFIELD CA 93311</b>       |                                 |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-324-6593</b>        | Phone:                          | Phone:           |
| Language:   | Fax: <b>602-512-6516</b>          | Fax:                            | Fax:             |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                           |                                   |                                 |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                  | Tertiary Address |
|---|--|--|------------------|
| <b>ESQUIVEL-AGUILAR GRACIELA, N</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>3748 E SHIELD AVE<br/>FRESNO CA 93726</b>               |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDITRICS (PEDIATRICS -<br/>GENERAL)</b>                | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b>     | Phone:<br>Fax:                                     | Phone:<br>Fax:   |
| Language:   |  |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |                  |
| <b>ESLAO NELSON, JV</b>   |  |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>9880 BRIMHALL RD<br/>BAKERSFIELD CA 93312</b>           | <b>500 40TH ST<br/>BAKERSFIELD CA 93301</b>        |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDITRICS (PEDIATRICS -<br/>GENERAL)</b>                | Phone: <b>661-663-3122</b><br>Fax: <b>661-663-3133</b>     | Phone: <b>6613273784</b><br>Fax: <b>6613270164</b> | Phone:<br>Fax:   |
| Language:   |  |  |                  |
| Group Affiliation: <b>VALLEY CHILDRENS<br/>PRIMARY CARE GROUP</b>                                 |  |  |                  |
| <b>ELIAS A GEORGE,</b>  |  |  |                  |
| Availability: <b>OPEN</b>   | <b>9900 STOCKDALE HWY STE 203<br/>BAKERSFIELD CA 93311</b> |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-663-0300</b><br>Fax: <b>661-663-0903</b>     | Phone:<br>Fax:                                     | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>AFIF GEROG E LIAS,<br/>M.D., INC</b>  |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address                                   |
|---|--|--|--|
| <b>D'SOUZA STEFFI,</b>  | <b>210 N CHESTER AVE</b>                               | <b>4900 CALIFORNIA AVE</b>                             | <b>4600 PANAMA LN</b>                              |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93308</b>                            | <b>BAKERSFIELD CA 93309</b>                            | <b>BAKERSFIELD CA 93313</b>                        |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>8667076664</b><br>Fax: <b>6617469197</b>     | Phone: <b>8667076664</b><br>Fax: <b>6617469197</b> |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |
| <b>CHIEN HENRY,</b>   | <b>655 S CENTRAL VALLEY HWY</b>                        | <b>3800 MALL VIEW RD</b>                               |  |
| Availability: <b>OPEN</b>   | <b>SHAFTER CA 93263</b>                                | <b>BAKERSFIELD CA 93306</b>                            |  |
| Board Certified:  | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:                                     |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |
| <b>DON-PEDRO DATA, O</b>  | <b>2811 H ST</b>                                       |  |  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93301</b>                            |  |  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b>           | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:   | Phone:<br>Fax:                                     |
| Language:   |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address   | Secondary Address                                      | Tertiary Address |
|---|---|--|------------------|
| <b>LAGUNDA MIA CHONA, M</b>   |   |  |                  |
|   | <b>815 DR MARTIN LUTHER KING<br/>JR BLVD<br/>BAKERSFIELD CA 93307</b> |  |                  |
| Availability: <b>OPEN</b>   |   |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS (GENERAL)</b>                  | Phone: <b>661-322-3905</b><br>Fax: <b>661-322-1370</b>                | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |   |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>                                      |   |  |                  |
| <b>DIXON KIMBERLY, D</b>  |   |  |                  |
|   | <b>625 34TH ST STE 100 &amp; 200<br/>BAKERSFIELD CA 93301</b>         | <b>2400 WIBLE RD STE 14<br/>BAKERSFIELD CA 93304</b>   |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  |   |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS<br/>(PEDIATRICS - GENERAL)</b> | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b>                | Phone: <b>661-835-1240</b><br>Fax: <b>661-835-4667</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |   |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>                                      |   |  |                  |
| <b>DIXON KIMBERLY, D</b>  |   |  |                  |
|   | <b>625 34TH ST STE 100 &amp; 200<br/>BAKERSFIELD CA 93301</b>         |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  |   |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS<br/>(PEDIATRICS - GENERAL)</b> | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b>                | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |   |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>                                      |   |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <hr/>   |  |                   |                  |
| <b>DELTORO-DIAZ CHRISTINA, E</b>  | <b>9908 BRIMHALL RD</b>                                |                   |                  |
| Availability: <b>CLOSED</b>   | <b>BAKERSFIELD CA 93312</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-324-4747</b><br>Fax: <b>661-847-0220</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>MOHAWK MEDICAL &amp; ASSOCIATES, INC</b>                        |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>DELTORO JORGE, E</b>   | <b>9908 BRIMHALL RD</b>                                |                   |                  |
| Availability: <b>CLOSED</b>   | <b>BAKERSFIELD CA 93312</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-324-4747</b><br>Fax: <b>661-321-3280</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>MOHAWK MEDICAL &amp; ASSOCIATES, INC</b>                        |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>DELEON MARISSA, Q</b>  | <b>9508 STOCKDALE HWY STE 150</b>                      |                   |                  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93311</b>                            |                   |                  |
| Board Certified:  | Phone: <b>661-663-7500</b><br>Fax: <b>661-663-3063</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>COASTAL KIDS, A PROFESSIONAL MEDICAL CORPORATION</b>            |  |                   |                  |
| <hr/>   |  |                   |                  |



## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>DAUG ROY, P</b>  | <b>1100 4TH ST BLDG A</b>                              | <b>1701 STINE RD</b>                                   |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                                  | <b>TAFT CA 93268</b>                                   | <b>BAKERSFIELD CA 93309</b>                            |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>              | Phone: <b>866-707-6664</b><br>Fax: <b>661-763-1281</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>                                |  |  |                  |
| <b>DASS NIRANJAN,</b>   | <b>4550 PANAMA LN STE 100</b>                          |  |                  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93313</b>                            |  |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b> | Phone: <b>661-631-2229</b><br>Fax: <b>661-742-1644</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>PEDIATRICS FOR ALL, INC.</b>                          |  |  |                  |
| <b>DAKAK ALAN, F</b>  | <b>3941 SAN DIMAS ST STE 101</b>                       |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                                  | <b>BAKERSFIELD CA 93301</b>                            |  |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>              | Phone: <b>661-864-7944</b><br>Fax: <b>661-864-7946</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>ALAN F. DAKAK, MD., INC.</b>                          |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>COUSIN LUIS, A</b>   | <b>5300 LENNOX AVE STE 105<br/>BAKERSFIELD CA 93308</b>    | <b>1701 26TH ST<br/>BAKERSFIELD CA 93301</b>           |                  |
| Availability: <b>OPEN</b>   |  |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b>     | Phone: <b>661-735-1710</b><br>Fax: <b>661-888-4841</b>     | Phone: <b>661-735-1710</b><br>Fax: <b>661-888-4841</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>LAC MEDICAL, INC., A<br/>CALIFORNIA<br/>PROFESSIONAL<br/>CORPORATION</b>        |  |  |                  |
| <b>DOUGHERTY DAVID, C</b>   | <b>3838 SAN DIMAS ST STE A200<br/>BAKERSFIELD CA 93301</b> |  |                  |
| Availability:   |  |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-654-0200</b><br>Fax: <b>661-326-1633</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language:   |  |  |                  |
| Group Affiliation: <b>DIGNITY HEALTH<br/>MEDICAL FOUNDATION</b>                                       |  |  |                  |
| <b>SAITO STEVEN, W</b>  | <b>7800 NILES ST<br/>BAKERSFIELD CA 93306</b>              |  |                  |
| Availability: <b>CLOSED</b>   |  |  |                  |
| Board Certified:  | Phone: <b>661-328-4284</b><br>Fax: <b>661-616-9977</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address             | Secondary Address           | Tertiary Address            |
|---|-----------------------------|-----------------------------|-----------------------------|
| <b>SIBANDA BELINDA,</b>   | <b>4151 MEXICALI DR</b>     | <b>2811 H STREET</b>        | <b>4600 PANAMA LN</b>       |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93313</b> | <b>BAKERSFIELD CA 93301</b> | <b>STE 102B</b>             |
| Board Certified:  | Phone: <b>866-707-6664</b>  | Phone: <b>8667076664</b>    | Phone: <b>8667076664</b>    |
| Language: <b>SPANISH</b>  | Fax: <b>661-746-9197</b>    | Fax: <b>6617469197</b>      | Fax: <b>6617469197</b>      |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |                             |                             | <b>BAKERSFIELD CA 93313</b> |
| <b>SHARMA PARIKSHAT,</b>  | <b>432 A WEST J ST</b>      |                             |                             |
| Availability: <b>OPEN</b>   | <b>TEHACHAPI CA 93561</b>   |                             |                             |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-865-5365</b>  | Phone:                      | Phone:                      |
| Language: <b>SPANISH</b>  | Fax:                        | Fax:                        | Fax:                        |
| Group Affiliation: <b>CENTRIC HEALTH</b>  |                             |                             |                             |
| <b>SHAH FARHAN, A</b>   | <b>5801 TRUXTUN AVE</b>     |                             |                             |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93309</b> |                             |                             |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-327-3747</b>  | Phone:                      | Phone:                      |
| Language: <b>SPANISH</b>  | Fax: <b>661-616-3237</b>    | Fax:                        | Fax:                        |
| Group Affiliation: <b>SAN JOAQUIN VALLEY PULMONARY MEDICAL GROUP, INC.</b>                |                             |                             |                             |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name   | Primary Address                 | Secondary Address          | Tertiary Address |
|--|---------------------------------|----------------------------|------------------|
| <b>SENAR LYNDON, A</b>   |                                 |                            |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                                 | <b>9840 BRIMHALL RD STE 100</b> |                            |                  |
|  | <b>BAKERSFIELD CA 93312</b>     |                            |                  |
| Board Certified:   | Phone: <b>661-587-8882</b>      | Phone:                     | Phone:           |
| Language: <b>SPANISH</b>   | Fax: <b>661-679-7980</b>        | Fax:                       | Fax:             |
| Group Affiliation: <b>LYNDON AND BELINDA SENAR, M.D.'S INC</b>             |                                 |                            |                  |
| <b>SCHLAERTH KATHERINE,</b>  |                                 |                            |                  |
| Availability: <b>OPEN</b>  | <b>7800 NILES ST</b>            |                            |                  |
|  | <b>BAKERSFIELD CA 93306</b>     |                            |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRIC - GENERAL)</b> | Phone: <b>661-328-4284</b>      | Phone:                     | Phone:           |
| Language: <b>SPANISH</b>   | Fax: <b>661-616-9977</b>        | Fax:                       | Fax:             |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>                             |                                 |                            |                  |
| <b>SCHAUF VICTORIA,</b>  |                                 |                            |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                                 | <b>1133 N CHELSEA ST</b>        | <b>161 N MILL ST</b>       |                  |
|  | <b>RIDGECREST CA 93555</b>      | <b>TEHACHAPI CA 93280</b>  |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>             | Phone: <b>866-707-6664</b>      | Phone: <b>866-707-6664</b> | Phone:           |
| Language: <b>SPANISH</b>   | Fax: <b>760-446-3817</b>        | Fax: <b>661-822-9082</b>   | Fax:             |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>                               |                                 |                            |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>SANTOS-SENAR BELINDA, A</b>  |  |                   |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>9840 BRIMHALL RD STE 100</b>                        |                   |                  |
|   | <b>BAKERSFIELD CA 93312</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>                            | Phone: <b>661-587-8882</b><br>Fax: <b>661-679-7980</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>LYNDON AND BELINDA SENAR, M.D.'S INC</b>                            |  |                   |                  |
| <b>SANTOS MARIA ANGELICA, M</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>625 34TH ST STE 100 &amp; 200</b>                   |                   |                  |
|   | <b>BAKERSFIELD CA 93301</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRIC - GENERAL)</b>                | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |
| <b>PUSKOOOR AKHILDEEP, V</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>1217 7TH ST</b>                                     |                   |                  |
|   | <b>WASCO CA 93308</b>                                  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-758-5500</b><br>Fax: <b>661-758-5511</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH, HINDI, PUNJAB</b>   |  |                   |                  |
| Group Affiliation: <b>GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP</b>       |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>SALVO JUNE, S</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9500 STOCKDALE HWY<br/>BAKERSFIELD CA 93311</b>         |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(GENERAL)</b>       | Phone: <b>661-587-8110</b><br>Fax: <b>661-587-8220</b>     | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>DIGNITY HEALTH<br/>MEDICAL FOUNDATION</b>                     |  |                   |                  |
| <b>SINGH HARJEET,</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>2415 NILES ST<br/>BAKERSFIELD CA 93306</b>              |                   |                  |
| Board Certified:  | Phone: <b>661-631-1591</b><br>Fax: <b>661-631-1594</b>     | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CENTRIC HEALTH</b>  |  |                   |                  |
| <b>RUERAS MARIA CECILIA, M</b>  |  |                   |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>9508 STOCKDALE HWY STE 150<br/>BAKERSFIELD CA 93311</b> |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS<br/>(PEDIATRICS - GENERAL)</b> | Phone: <b>661-663-7500</b><br>Fax: <b>661-663-3063</b>     | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>COASTAL KIDS, A<br/>PROFESSIONAL<br/>MEDICAL CORPORATION</b>  |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address                                       |
|---|--|--|--|
| <b>ROLDAN XENIA, A</b>  |  |  |  |
| Availability: <b>OPEN</b>   | <b>8787 HALL RD</b>                                    |  |  |
|   | <b>LAMONT CA 93241</b>                                 |  |  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b>           | Phone: <b>661-845-3731</b><br>Fax: <b>661-845-1157</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |  |
| <b>ROJAS-PARRA ABEL, E</b>  |  |  |  |
| Availability: <b>OPEN</b>   | <b>815 DR MARTIN LUTHER KING JR BLVD</b>               |  |  |
|   | <b>BAKERSFIELD CA 93307</b>                            |  |  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-322-3905</b><br>Fax: <b>661-322-1370</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |  |
| <b>RAO ANURADHA,</b>  |  |  |  |
| Availability: <b>OPEN</b>   | <b>1451 WHITE LN</b>                                   | <b>525 ROBERTS LN</b>                                  | <b>912 FREMONT ST</b>                                  |
|   | <b>BAKERSFIELD CA 93307</b>                            | <b>BAKERSFIELD CA 93308</b>                            | <b>DELANO CA 93215</b>                                 |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b>           | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>KUMMATI DEEPA, L</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>4646 N FIRST ST<br/>FRESNO CA 93726</b>                 |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(GENERAL)</b>                         | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |                  |
| <b>RAHAL SIMRITA,</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>9802 STOCKDALE HWY STE 102<br/>BAKERSFIELD CA 93311</b> | <b>1205 GARCES HWY STE<br/>107<br/>DELANO CA 93215</b> |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-323-1200</b><br>Fax: <b>661-323-1204</b>     | Phone: <b>6617211200</b><br>Fax: <b>6617211204</b>     | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>PARAMVIR S. RAHAL,<br/>M.D., INC.</b>   |  |  |                  |
| <b>LOPEZ NILDA,</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>9300 N LOOP BLVD STE C<br/>CALIFORNIA CITY CA 93505</b> |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE</b>   | Phone: <b>661-874-4050</b><br>Fax: <b>866-572-7851</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>BARTZ-ALTADONNA<br/>COMMUNITY HEALTH<br/>CENTER</b>                             |  |  |                  |



## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address   | Secondary Address                                  | Tertiary Address                                     |
|---|---|--|--|
| <b>RADHAKRISHNAN VIVEK,</b><br>Availability: <b>OPEN</b>                    | <b>5401 WHITE LANE<br/>BAKERSFIELD CA 93309</b>               | <b>4043 STOCKDALE HWY<br/>BAKERSFIELD CA 93309</b> | <b>1311 COLUMBUS ST<br/>BAKERSFIELD CA<br/>93305</b> |
| Board Certified:  | Phone: <b>661-396-7100</b>                                    | Phone: <b>6613967100</b>                           | Phone: <b>6613796061</b>                             |
| Language: <b>SPANISH</b>  | Fax: <b>661-399-4224</b>                                      | Fax: <b>6617358901</b>                             | Fax: <b>661-427-2551</b>                             |
| Group Affiliation: <b>INFUSION AND CLINICAL SERVICES, INC.</b>              |   |  |  |
| <b>QUILARQUE GUKOVSKY SOLCIET, S</b><br>Availability: <b>OPEN</b>           | <b>590 W PUTNAM AVE<br/>PORTERVILLE CA 93257</b>              |  |  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b> | Phone: <b>559-781-3700</b><br>Fax: <b>559-781-4131</b>        | Phone:<br>Fax:                                     | Phone:<br>Fax:                                       |
| Language: <b>SPANISH</b>  |   |  |  |
| Group Affiliation: <b>VALLEY HEALTHCARE CENTERS</b>                         |   |  |  |
| <b>SANTIAGO CHARITY, O</b><br>Availability: <b>OPEN</b>                     | <b>625 34TH ST STE 100 &amp; 200<br/>BAKERSFIELD CA 93301</b> |  |  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS</b>                        | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b>        | Phone:<br>Fax:                                     | Phone:<br>Fax:                                       |
| Language: <b>SPANISH</b>  |   |  |  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>                              |   |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>TAKAYAMA CHRISTIAN, M</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9300 N LOOP BLVD STE C</b>                          |                   |                  |
|   | <b>CALIFORNIA CITY CA 93505</b>                        |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-874-4050</b><br>Fax: <b>888-977-1571</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>BARTZ-ALTADONNA COMMUNITY HEALTH CENTER</b>                     |  |                   |                  |
| <b>ZALDIVAR GALVES IDALBERTO,</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>2901 SILLECT AVE STE 201</b>                        |                   |                  |
|   | <b>BAKERSFIELD CA 93308</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-327-2101</b><br>Fax: <b>661-327-2554</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>VIPMD</b>   |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>YOUSUF UZMA,</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9500 STOCKDALE HWY STE 203</b>                      |                   |                  |
|   | <b>BAKERSFIELD CA 93311</b>                            |                   |                  |
| Board Certified: <b>AMERICAN OSTEOPATHIC BOARD OF FAMILY MEDICINE (FAMILY MEDICINE/OMT)</b> | Phone: <b>661-587-8110</b><br>Fax: <b>661-587-8220</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                                 |  |                   |                  |
| <b>YAQUB TAHIR,</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>733 3RD ST</b>                                      |                   |                  |
|   | <b>MCFARLAND CA 93250</b>                              |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE</b>                                   | Phone: <b>661-792-3097</b><br>Fax: <b>661-792-3095</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>COMMUNITY HEALTH CENTERS OF AMERICA</b>                               |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address  | Tertiary Address   |
|---|--|--|--|
| <b>YAMIN ZEBA,</b><br>Availability: <b>OPEN</b><br>Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b><br>Language:<br>Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>          | <b>9500 STOCKDALE HWY STE 201</b><br><b>BAKERSFIELD CA 93311</b><br>Phone: <b>661-327-1431</b><br>Fax: <b>661-231-3286</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| <b>WATANAKUNAKOM PAUL, W</b><br>Availability: <b>OPEN</b><br>Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE)</b><br>Language:<br>Group Affiliation: <b>PORTERVILLE COMMUNITY PHYSICIANS, INC.</b> | <b>465 W PUTNAM AVE</b><br><b>PORTERVILLE CA 93257</b><br>Phone: <b>559-784-1110</b><br>Fax:                               | <b>400 W MINERAL KING AVE</b><br><b>VISALIA CA 93291</b><br>Phone: <b>559-624-2000</b><br>Fax: | <b>263 PEARSON DR</b><br><b>PORTERVILLE CA 93257</b><br>Phone: <b>559-784-1110</b><br>Fax: |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                  | Tertiary Address |
|---|--|--|------------------|
| <b>WALIA ABHINAY,</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>3800 MALL VIEW RD<br/>BAKERSFIELD CA 93306</b>          | <b>2811 H STREET<br/>BAKERSFIELD CA 93301</b>      |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b>     | Phone: <b>8667076664</b><br>Fax: <b>6617469197</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |                  |
| <b>VELOSO MARILOU, D</b>  |  |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>9508 STOCKDALE HWY STE 150<br/>BAKERSFIELD CA 93311</b> |  |                  |
| Board Certified:  | Phone: <b>661-663-7500</b><br>Fax: <b>661-663-3063</b>     | Phone:<br>Fax:                                     | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>COASTAL KIDS, A<br/>PROFESSIONAL<br/>MEDICAL CORPORATION</b>                |  |  |                  |
| <b>VEERAPPA NANDEESH,</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>733 3RD ST<br/>MCFARLAND CA 93250</b>                   |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-792-3097</b><br>Fax: <b>661-792-3095</b>     | Phone:<br>Fax:                                     | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>COMMUNITY HEALTH<br/>CENTERS OF AMERICA</b>                                 |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address   | Secondary Address   | Tertiary Address |
|---|---|---|------------------|
| <b>UY JACQUELINE, M</b>   | <b>625 34TH ST STE 100 &amp; 200<br/>BAKERSFIELD CA 93301</b> | <b>7800 NILES ST<br/>BAKERSFIELD CA 93306</b>               |                  |
| Availability: <b>OPEN</b>   |   |   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>833-678-2781</b><br>Fax: <b>661-368-0618</b>        | Phone: <b>661-328-4284</b><br>Fax: <b>661-616-9980</b>      | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |   |   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |   |   |                  |
| <b>SIDHU JAISIMARAN,</b>  | <b>396 N CHURCH RD STE 3<br/>EARLIMART CA 93219</b>           | <b>590 W PUTNAM AVE<br/>STE 2A<br/>PORTERVILLE CA 93257</b> |                  |
| Availability: <b>OPEN</b>   |   |   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE</b>                                     | Phone: <b>661-552-5100</b><br>Fax: <b>559-781-1280</b>        | Phone: <b>559-781-3700</b><br>Fax: <b>5597814131</b>        | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |   |   |                  |
| Group Affiliation: <b>VALLEY HEALTHCARE<br/>CENTERS</b>   |   |   |                  |
| <b>TANGPRAPHAPHORN VIBUL,</b>   | <b>109 ADKISSON WAY<br/>TAFT CA 93268</b>                     |   |                  |
| Availability: <b>OPEN</b>   |   |   |                  |
| Board Certified: <b>AMERICAN BOARD-<br/>GENERAL SURGERY</b>                                       | Phone: <b>661-765-4124</b><br>Fax: <b>661-765-6498</b>        | Phone:<br>Fax:  | Phone:<br>Fax:   |
| Language: <b>SPANISH, THAI</b>  |   |   |                  |
| Group Affiliation: <b>VIBUL<br/>TANGPRAPHAPHORN,<br/>M.D., INC.</b>                               |   |   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name   | Primary Address  | Secondary Address                                      | Tertiary Address                                       |
|--|--|--|--|
| <b>SINGH BANI, K</b>   |  |  |  |
| Availability: <b>OPEN</b>  | <b>9500 STOCKDALE HWY STE 203<br/>BAKERSFIELD CA 93311</b> |  |  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b>                    | Phone: <b>661-587-8110</b><br>Fax: <b>661-587-8220</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>   |  |  |  |
| Group Affiliation: <b>DIGNITY HEALTH<br/>MEDICAL FOUNDATION</b>  |  |  |  |
| <b>TADOKORO DOREEN, Y</b>  |  |  |  |
| Availability: <b>OPEN</b>  | <b>4600 PANAMA LN<br/>BAKERSFIELD CA 93313</b>             | <b>210 N CHESTER AVE<br/>BAKERSFIELD CA 93308</b>      | <b>912 FREMONT ST<br/>DELANO CA 93215</b>              |
| Board Certified: <b>AMERICAN<br/>OSTEOPATHIC<br/>ASSOCIATION<br/>(OBSTETRICS &amp;<br/>GYNECOLOGY -<br/>GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-630-7750</b>     | Phone: <b>866-707-6664</b><br>Fax: <b>661-237-6850</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-459-1974</b> |
| Language: <b>SPANISH</b>   |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>   |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>TABBA LARAIB,</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9300 N LOOP BLVD STE C</b>                          |                   |                  |
|   | <b>CALIFORNIA CITY CA 93505</b>                        |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b>           | Phone: <b>661-874-4050</b><br>Fax: <b>888-977-1571</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>BARTZ-ALTADONNA COMMUNITY HEALTH CENTER</b>                     |  |                   |                  |
| <b>STEWART-HAYOSTEK CAROL, A</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>7800 NILES ST</b>                                   |                   |                  |
|   | <b>BAKERSFIELD CA 93306</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-328-4284</b><br>Fax: <b>661-616-9980</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |



## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>SRIVASTAVA SHACHI, J</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9610 STOCKDALE HWY STE C<br/>BAKERSFIELD CA 93311</b>   |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-664-0212</b><br>Fax: <b>661-664-0270</b>     | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH, HINDI</b>   |  |                   |                  |
| Group Affiliation: <b>SHACHI SRIVASTAVA,<br/>M.D.</b>   |  |                   |                  |
| <b>SINGH RAVINDERJIT, K</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9900 STOCKDALE HWY STE 205<br/>BAKERSFIELD CA 93311</b> |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-282-8998</b><br>Fax: <b>661-282-8995</b>     | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH, PUNJABI, HIND</b>   |  |                   |                  |
| Group Affiliation: <b>SINGH FAMILY MEDICAL<br/>CLINIC INCORPORATED</b>                            |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>SINGH MANBIR,</b>  | <b>3905 HUGHES LN STE E1</b>                           | <b>733 3RD ST</b>                                      |                  |
| Availability:   | <b>BAKERSFIELD CA 93304</b>                            | <b>MCFARLAND CA 93250</b>                              |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-827-1033</b><br>Fax: <b>661-827-1138</b> | Phone: <b>661-792-3097</b><br>Fax: <b>661-792-3095</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH, CHINESE, CAN</b>  |  |  |                  |
| Group Affiliation: <b>MANBIR SINGH MD</b>   |  |  |                  |
| <b>SINGH MANBIR,</b>  | <b>733 3RD ST</b>                                      |  |                  |
| Availability:   | <b>MCFARLAND CA 93250</b>                              |  |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-792-3097</b><br>Fax: <b>661-792-3095</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH, CHINESE, CAN</b>  |  |  |                  |
| Group Affiliation: <b>COMMUNITY HEALTH CENTERS OF AMERICA</b>                             |  |  |                  |
| <b>SINGH HARNEK,</b>  | <b>7800 NILES ST</b>                                   |  |                  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93306</b>                            |  |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b>     | Phone: <b>661-328-4284</b><br>Fax: <b>661-616-9977</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address                          | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>RADHAKRISHNAN VIVEK,</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>1217 7TH ST</b>                       |                   |                  |
|   | <b>WASCO CA 93280</b>                    |                   |                  |
| Board Certified:  | Phone: <b>661-758-5500</b>               | Phone:            | Phone:           |
| Language:   | Fax: <b>661-758-5511</b>                 | Fax:              | Fax:             |
| Group Affiliation: <b>GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP</b>       |  |                   |                  |
| <b>TOVER-CASTRO MAYRA, A</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>815 DR MARTIN LUTHER KING JR BLVD</b> |                   |                  |
|   | <b>BAKERSFIELD CA 93307</b>              |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-322-3905</b>               | Phone:            | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-322-1370</b>                 | Fax:              | Fax:             |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |
| <b>MARTINEZ-DUENAS YUNIOR,</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9001 S H ST</b>                       |                   |                  |
|   | <b>BAKERSFIELD CA 93307</b>              |                   |                  |
| Board Certified:  | Phone: <b>661-328-4260</b>               | Phone:            | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-616-9977</b>                 | Fax:              | Fax:             |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address               | Secondary Address | Tertiary Address |
|---|-------------------------------|-------------------|------------------|
| <b>MOON JONG, C</b>   |                               |                   |                  |
| Availability: <b>OPEN</b>   | <b>845 7TH ST</b>             |                   |                  |
|   | <b>SHAFTER CA 93280</b>       |                   |                  |
| Board Certified:  | Phone: <b>661-746-4937</b>    | Phone:            | Phone:           |
| Language: <b>SPANISH, KOREAN</b>  | Fax: <b>855-200-2829</b>      | Fax:              | Fax:             |
| Group Affiliation: <b>VANGUARD MEDICAL CORPORATION</b>                                |                               |                   |                  |
| <b>MONGAR SAMANTHA, A</b>   |                               |                   |                  |
| Availability: <b>OPEN</b>   | <b>4300 BIRCH AVE</b>         |                   |                  |
|   | <b>LAKE ISABELLA CA 93240</b> |                   |                  |
| Board Certified:  | Phone: <b>760-379-1791</b>    | Phone:            | Phone:           |
| Language:   | Fax: <b>760-379-1793</b>      | Fax:              | Fax:             |
| Group Affiliation: <b>KERN VALLEY HEALTHCARE DISTRICT</b>                             |                               |                   |                  |
| <b>POWELL DAVID, P</b>  |                               |                   |                  |
| Availability: <b>OPEN</b>   | <b>2400 WIBLE RD STE 14</b>   |                   |                  |
|   | <b>BAKERSFIELD CA 93304</b>   |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-835-1240</b>    | Phone:            | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-835-4667</b>      | Fax:              | Fax:             |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |                               |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address  | Tertiary Address   |
|---|--|--|--|
| <b>MERRILL NELOUFA, R</b>   |  |  |  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>1014 CALLOWAY DR<br/>BAKERSFIELD CA 93312</b>           |  |  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>                            | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |
| <b>RANGANATHAN SUDHA,</b>   |  |  |  |
| Availability: <b>OPEN</b>   | <b>7800 NILES ST<br/>BAKERSFIELD CA 93306</b>              |  |  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE</b>                                 | Phone: <b>661-328-4284</b><br>Fax: <b>661-616-9977</b>     | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |  |
| <b>MEMON PARVEZ, R</b>  |  |  |  |
| Availability: <b>OPEN</b>   | <b>3838 SAN DIMAS ST STE B111<br/>BAKERSFIELD CA 93301</b> | <b>9500 STOCKDALE HWY<br/>STE 203<br/>BAKERSFIELD CA 93311</b> | <b>3838 SAN DIMAS ST<br/>STE A200<br/>BAKERSFIELD CA<br/>93301</b> |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-616-1030</b><br>Fax: <b>661-616-1050</b>     | Phone: <b>661-587-8110</b><br>Fax: <b>661-587-8220</b>         | Phone: <b>661-327-8538</b><br>Fax: <b>661-327-5432</b>             |
| Language:   |  |  |  |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                               |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>MEAVE OLGA,</b>  | <b>1611 1ST ST</b>                                     | <b>1430 TRUXTUN AVE STE 400</b>                        |                  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93304</b>                            | <b>BAKERSFIELD CA 93301</b>                            |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-336-5300</b><br>Fax: <b>661-336-5303</b> | Phone: <b>661-635-3050</b><br>Fax: <b>661-869-1503</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |                  |
| <b>MCLEMORE CHRISTINE, M</b>  | <b>161 N MILL ST</b>                                   | <b>1133 N CHELSEA ST</b>                               |                  |
| Availability: <b>OPEN</b>   | <b>TEHACHAPI CA 93561</b>                              | <b>RIDGECREST CA 93555</b>                             |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>MORASCA GARY, G</b>  |  |                   |                  |
| Availability: <b>CLOSED</b>   | <b>9908 BRIMHALL RD</b>                                |                   |                  |
|   | <b>BAKERSFIELD CA 93312</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b>     | Phone: <b>661-324-4747</b><br>Fax: <b>661-321-3280</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>MOHAWK MEDICAL &amp; ASSOCIATES, INC</b>                            |  |                   |                  |
| <b>MATKOVIC BETSY,</b>  |  |                   |                  |
| Availability: <b>CLOSED</b>   | <b>3838 SAN DIMAS ST STE A100</b>                      |                   |                  |
|   | <b>BAKERSFIELD CA 93301</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-324-4963</b><br>Fax: <b>661-327-5432</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                               |  |                   |                  |
| <b>METTER DEBRA, A</b>  |  |                   |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>655 S CENTRAL VALLEY HWY</b>                        |                   |                  |
|   | <b>SHAFTER CA 93263</b>                                |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b>               | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>MARQUEZ VERNA, L</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>7800 NILES ST</b>                                   |  |                  |
|   | <b>BAKERSFIELD Ca 93306</b>                            |  |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-328-4284</b><br>Fax: <b>661-616-9977</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |                  |
| <b>MARINAS MARLOWE, C</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>8787 HALL RD</b>                                    | <b>1305 BEAR MOUNTAIN BLVD</b>                         |                  |
|   | <b>LAMONT CA 93241</b>                                 | <b>ARVIN CA 93203</b>                                  |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-845-3731</b><br>Fax: <b>661-845-1157</b> | Phone: <b>661-854-3131</b><br>Fax: <b>661-854-2689</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |                  |



## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <hr/>   |  |                   |                  |
| <b>MANGAT GEETESHWAR, S</b>   | <b>9500 STOCKDALE HWY STE 100</b>                      |                   |                  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93311</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-836-5004</b><br>Fax: <b>661-836-5088</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>SYNCHRONY MEDICAL GROUP, A PROFESSIONAL MEDICAL CORPORATION</b>     |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>MADHUSUDHAN SRILAKSHMI,</b>  | <b>9500 STOCKDALE HWY STE 201</b>                      |                   |                  |
| Availability: <b>OPEN</b>   | <b>BAKERSFIELD CA 93311</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b>     | Phone: <b>661-327-1431</b><br>Fax: <b>661-321-3286</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                               |  |                   |                  |
| <hr/>   |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address                                       |
|---|--|--|--|
| <b>MACIAS MORENO ISIS, S</b>  | <b>659 S CENTRAL VALLEY HWY</b>                        | <b>4131 MING AVE</b>                                   | <b>6700 NILES ST STE 185</b>                           |
| Availability: <b>OPEN</b>   | <b>SHAFTER CA</b>                                      | <b>BAKERSFIELD CA 93309</b>                            | <b>BAKERSFIELD CA 93306</b>                            |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>8667076664</b><br>Fax: <b>6617469197</b>     | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |
| <b>MACIAS LEA, A</b>  | <b>311 W NOBLE AVE</b>                                 | <b>1110 W VISALIA RD STE 102</b>                       | <b>4646 N 1ST ST</b>                                   |
| Availability: <b>OPEN</b>   | <b>VISALIA CA 93277</b>                                | <b>EXETER CA 93221</b>                                 | <b>FRESNO CA 93726</b>                                 |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |
| <b>LUNDQUIST CHRISTOPHER, R</b>   | <b>901 OLIVE DR</b>                                    |  |  |
| Availability:   | <b>BAKERSFIELD CA 93308</b>                            |  |  |
| Board Certified:  | Phone: <b>661-215-7500</b>                             | Phone:   | Phone:   |
| Language: <b>HINDI, PUNJABI, SPANIS</b>   | Fax: <b>661-399-4224</b>                               | Fax:   | Fax:   |
| Group Affiliation: <b>INFUSION AND CLINICAL SERVICES, INC.</b>                        |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                  | Tertiary Address                                   |
|---|--|--|--|
| <b>LUNDQUIST CHRISTOPHER, R</b>   |  |  |  |
| Availability: <b>OPEN</b>   | <b>1217 7TH ST<br/>WASCO CA 93280</b>                  |  |  |
| Board Certified:  | Phone: <b>661-758-5500</b>                             | Phone:   | Phone:   |
| Language:   | Fax: <b>661-758-5511</b>                               | Fax:   | Fax:   |
| Group Affiliation: <b>GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP</b>   |  |  |  |
| <b>LORENZO QUINTERO ANABELL, Y</b>  |  |  |  |
| Availability: <b>OPEN</b>   | <b>1311 COLUMBUS ST<br/>BAKERSFIELD CA 93305</b>       | <b>5401 WHITE LN<br/>BAKERSFIELD CA 93309</b>      | <b>4043 STOCKDALE HWY<br/>BAKERSFIELD CA 93309</b> |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE</b>                             | Phone: <b>661-379-6061</b><br>Fax: <b>661-399-4224</b> | Phone: <b>6613967100</b><br>Fax: <b>6613994224</b> | Phone: <b>6614129391</b><br>Fax: <b>6617358901</b> |
| Language: <b>HINDI, PUNJABI, SPANIS</b>   |  |  |  |
| Group Affiliation: <b>INFUSION AND CLINICAL SERVICES, INC.</b>                        |  |  |  |
| <b>MCGILL TERRANCE, A</b>   |  |  |  |
| Availability: <b>OPEN</b>   | <b>8787 HALL RD<br/>LAMONT CA 93241</b>                |  |  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-845-3731</b><br>Fax: <b>661-845-1157</b> | Phone:   | Phone:   |
| Language: <b>SPANISH</b>  |  | Fax:   | Fax:   |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>OKEZIE ONYINYE,</b>  |  |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>500 OLD RIVER RD STE 110<br/>BAKERSFIELD CA 93311</b> |  |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>                        | Phone: <b>661-370-0777</b><br>Fax: <b>661-654-8366</b>   | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>ONYINYE OKEZIE M.D. INC.</b>                                    |  |  |                  |
| <b>PARKER TANA, S</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>8787 HALL RD<br/>LAMONT CA 93241</b>                  |  |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-845-3731</b><br>Fax: <b>661-845-1157</b>   | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |                  |
| <b>PARK YOUNG, W</b>  |  |  |                  |
| Availability: <b>OPEN</b>   | <b>4600 PANAMA LN STE 102B<br/>BAKERSFIELD CA 93313</b>  | <b>1701 STINE RD<br/>BAKERSFIELD CA 93309</b>          |                  |
| Board Certified:  | Phone: <b>866-707-6664</b><br>Fax: <b>661-630-7750</b>   | Phone: <b>866-707-6664</b><br>Fax: <b>661-746-9197</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address                              | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>PATEL ASHRUTA,</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9300 N LOOP BLVD STE C</b>                |                   |                  |
|   | <b>CALIFORNIA CITY CA 93505</b>              |                   |                  |
| Board Certified:  | Phone: <b>661-874-4050</b>                   | Phone:            | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>888-977-1571</b>                     | Fax:              | Fax:             |
| Group Affiliation: <b>BARTZ-ALTADONNA<br/>COMMUNITY HEALTH<br/>CENTER</b>                             |  |                   |                  |
| <b>NASRAWIN NANCY,</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>815 DR MARTIN LUTHER KING<br/>JR BLVD</b> |                   |                  |
|   | <b>BAKERSFIELD CA 93307</b>                  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b>     | Phone: <b>661-322-3905</b>                   | Phone:            | Phone:           |
| Language:   | Fax: <b>661-322-1370</b>                     | Fax:              | Fax:             |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |
| <b>PALOMINO-VARGAS JORGE, D</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>2400 WIBLE RD STE 14</b>                  |                   |                  |
|   | <b>BAKERSFIELD CA 93304</b>                  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-835-1240</b>                   | Phone:            | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-835-4667</b>                     | Fax:              | Fax:             |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address                                       |
|---|--|--|--|
| <b>OSTROM RONALD, J</b>   |  |  |  |
| Availability: <b>OPEN</b>   | <b>100 E NORTH ST<br/>TAFT CA 93268</b>                |  |  |
| Board Certified: <b>AMERICAN BOARD OF<br/>EMERGENCY MEDICINE<br/>(EMERGENCY<br/>MEDICINE - GENERAL)</b> | Phone: <b>661-765-1935</b><br>Fax: <b>661-765-1928</b> | Phone:<br>Fax:   | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |  |
| Group Affiliation: <b>WEST SIDE HEALTH<br/>CARE DISTRICT</b>  |  |  |  |
| <b>PARK CHAN, H</b>   |  |  |  |
| Availability: <b>OPEN</b>   | <b>8150 HAGEMAN RD<br/>BAKERSFIELD CA 93312</b>        | <b>565 KERN ST<br/>SHAFTER CA 93263</b>                | <b>845 7TH ST<br/>WASCO CA 93280</b>                   |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b>       | Phone: <b>661-459-1010</b><br>Fax: <b>855-200-2829</b> | Phone: <b>661-746-4937</b><br>Fax: <b>855-200-2829</b> | Phone: <b>661-459-1000</b><br>Fax: <b>855-200-2829</b> |
| Language: <b>SPANISH, KOREAN</b>  |  |  |  |
| Group Affiliation: <b>VANGUARD MEDICAL<br/>CORPORATION</b>  |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>PEINADO ALBERT, J</b>  | <b>9500 STOCKDALE HWY STE 200</b>                      | <b>9500 STOCKDALE HWY STE 201</b>                      |                  |
| Availability: <b>CLOSED</b>   | <b>BAKERSFIELD CA 93311</b>                            | <b>BAKERSFIELD CA 93311</b>                            |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-327-1431</b><br>Fax: <b>661-654-8340</b> | Phone: <b>661-327-1431</b><br>Fax: <b>661-231-3286</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                               |  |  |                  |
| <b>O'CONNELL PATRICK, J</b>   | <b>707 W VALLEY BLVD</b>                               | <b>9500 STOCKDALE HWY STE 203</b>                      |                  |
| Availability: <b>OPEN</b>   | <b>TEHACHAPI CA 93561</b>                              | <b>BAKERSFIELD CA 93311</b>                            |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b>     | Phone: <b>661-822-2530</b><br>Fax: <b>661-822-2536</b> | Phone: <b>6615878110</b><br>Fax: <b>6615878220</b>     | Phone:<br>Fax:   |
| Language:   |  |  |                  |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                               |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>NIZAR HOWARD, H</b>  |  |                   |                  |
| Availability: <b>CLOSED</b>   | <b>9500 STOCKDALE HWY STE 103</b>                      |                   |                  |
|   | <b>BAKERSFIELD CA 93311</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-324-6593</b><br>Fax: <b>602-512-6516</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>DIGNITY HEALTH MEDICAL FOUNDATION</b>                               |  |                   |                  |
| <b>NICHOLS EDWARD, L</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>6001 TRUXTUN AVE</b>                                |                   |                  |
|   | <b>BAKERSFIELD CA 93309</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-323-8477</b><br>Fax: <b>661-323-8472</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>CENTRIC HEALTH</b>  |  |                   |                  |



## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                  | Tertiary Address |
|---|--|--|------------------|
| <b>NGUYEN DANH, H</b>   |  |  |                  |
| Availability: <b>OPEN</b>   | <b>3300 BUENA VISTA RD BLDG K<br/>BAKERSFIELD CA 93311</b> |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-664-1682</b><br>Fax: <b>661-664-7304</b>     | Phone:<br>Fax:                                     | Phone:<br>Fax:   |
| Language: <b>SPANISH, MANDARIN</b>  |  |  |                  |
| Group Affiliation: <b>PREMIER FAMILY<br/>HEALTH CARE, A<br/>PROFESSIONAL<br/>CORPORATION</b>      |  |  |                  |
| <b>NEPOMUCENO MYANNE, J</b>   |  |  |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>  | <b>500 40TH ST<br/>BAKERSFIELD CA 93301</b>                | <b>9880 BRIMHALL RD<br/>BAKERSFIELD CA 93312</b>   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS<br/>(PEDIATRICS - GENERAL)</b>               | Phone: <b>661-327-3784</b><br>Fax: <b>661-327-0164</b>     | Phone: <b>6616633122</b><br>Fax: <b>6616633135</b> | Phone:<br>Fax:   |
| Language:   |  |  |                  |
| Group Affiliation: <b>VALLEY CHILDRENS<br/>PRIMARY CARE GROUP</b>                                 |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>PABBATHI SABITHA, R</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>9001 S H ST</b>                                     |                   |                  |
|   | <b>BAKERSFIELD CA 93307</b>                            |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-328-4260</b><br>Fax: <b>661-617-2888</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |
| <b>DELANO PROVIDERS</b>   |  |                   |                  |
| <b>LEAL MENDOZA JHONATAN,</b>   |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>425 DEL SOL PKWY</b>                                |                   |                  |
|   | <b>DELANO CA 93215</b>                                 |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE</b>                                 | Phone: <b>661-720-4011</b><br>Fax: <b>661-720-4012</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |
| <b>VELAZQUEZ AMADOR ROBERTO, A</b>  |  |                   |                  |
| Availability: <b>OPEN</b>   | <b>425 DEL SOL PKWY</b>                                |                   |                  |
|   | <b>DELANO CA 93215</b>                                 |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b>     | Phone: <b>661-720-4011</b><br>Fax: <b>661-720-4012</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address                              | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>DELANO PROVIDERS</b>   |  |                   |                  |
| <b>ZAPANTA DON VICTOR, A</b>  | <b>1419 MAIN ST<br/>DELANO CA 93215</b>      |                   |                  |
| Availability: <b>OPEN</b>   |  |                   |                  |
| Board Certified:  | Phone: <b>661-721-9001</b>                   | Phone:            | Phone:           |
| Language: <b>SPANISH, TAGALOG</b>   | Fax: <b>661-716-4853</b>                     | Fax:              | Fax:             |
| Group Affiliation: <b>DON VICTOR A.<br/>ZAPANTA, M.D.</b>   |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>PATEL VIJAYKUMAR, B</b>  | <b>1230 JEFFERSON ST<br/>DELANO CA 93215</b> |                   |                  |
| Availability: <b>OPEN</b>   |  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-725-7793</b>                   | Phone:            | Phone:           |
| Language:   | Fax: <b>661-370-3911</b>                     | Fax:              | Fax:             |
| Group Affiliation: <b>FAMILY HEALTHCARE<br/>NETWORK</b>   |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>YUZON MA CORAZON, E</b>  | <b>1500 6TH AVE<br/>DELANO CA 93215</b>      |                   |                  |
| Availability:   |  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>PEDIATRICS<br/>(PEDIATRICS - GENERAL)</b>                   | Phone: <b>661-725-1010</b>                   | Phone:            | Phone:           |
| Language: <b>SPANISH</b>  | Fax: <b>661-725-1117</b>                     | Fax:              | Fax:             |
| Group Affiliation: <b>NORTH KERN-SOUTH<br/>TULARE HOSPITAL<br/>DISTRICT</b>                           |  |                   |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name                                    | Primary Address                               | Secondary Address | Tertiary Address |
|---|---|-------------------|------------------|
| <b>DELANO PROVIDERS</b>   |   |                   |                  |
| <b>LOPEZ-AGUADO JORGE, L</b>  | <b>912 FREMONT ST<br/>DELANO CA 93215</b>     |                   |                  |
| Availability:   |   |                   |                  |
| Board Certified:  | Phone: <b>866-707-6664</b>                    | Phone:            | Phone:           |
| Language: <b>SPANISH, HINDI</b>                                       | Fax: <b>661-459-1974</b>                      | Fax:              | Fax:             |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>                          |   |                   |                  |
| <hr/>   |   |                   |                  |
| <b>BERNARDINO RICARDO, M</b>  | <b>1230 JEFFERSON ST<br/>DELANO CA 93215</b>  |                   |                  |
| Availability:   |   |                   |                  |
| Board Certified:  | Phone: <b>661-725-7793</b>                    | Phone:            | Phone:           |
| Language: <b>SPANISH, TAGALOG</b>                                     | Fax: <b>661-370-3911</b>                      | Fax:              | Fax:             |
| Group Affiliation: <b>FAMILY HEALTHCARE NETWORK</b>                   |   |                   |                  |
| <hr/>   |   |                   |                  |
| <b>BANSAL ANUJ,</b>   | <b>323 S LEXINGTON ST<br/>DELANO CA 93215</b> |                   |                  |
| Availability: <b>OPEN</b>   |   |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (GENERAL)</b> | Phone: <b>661-718-4980</b>                    | Phone:            | Phone:           |
| Language:   | Fax: <b>661-778-0019</b>                      | Fax:              | Fax:             |
| Group Affiliation: <b>ANUJ BANSAL MD, INC.</b>                        |   |                   |                  |
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## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                  | Tertiary Address |
|---|--|--|------------------|
| <b>DELANO PROVIDERS</b>   |  |  |                  |
| <b>BANSAL RADHEY, S</b>   | <b>1230 JEFFERSON ST<br/>DELANO CA 93215</b>           |  |                  |
| Availability: <b>OPEN</b>   |  |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>INTERNAL MEDICINE<br/>(INTERNAL MEDICINE -<br/>GENERAL)</b> | Phone: <b>661-725-7793</b><br>Fax: <b>661-370-3911</b> | Phone:<br>Fax:                                     | Phone:<br>Fax:   |
| Language: <b>SPANISH, ARABIC, TAGA</b>  |  |  |                  |
| Group Affiliation: <b>FAMILY HEALTHCARE<br/>NETWORK</b>   |  |  |                  |
| <b>AYAD INGY, N</b>   | <b>1201 JEFFERSON ST<br/>DELANO CA 93215</b>           | <b>2300 7TH ST<br/>WASCO CA 93280</b>              |                  |
| Availability: <b>OPEN</b>   |  |  |                  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(GENERAL)</b>                           | Phone: <b>661-721-0737</b><br>Fax: <b>661-721-0738</b> | Phone: <b>6617584184</b><br>Fax: <b>6617584188</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>ADVENTIST HEALTH<br/>DELANO</b>   |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>DELANO PROVIDERS</b>   |  |                   |                  |
| <b>TAVEROS MEL CLARK, R</b>   | <b>1500 6TH AVE<br/>DELANO CA 93215</b>                |                   |                  |
| Availability: <b>OPEN</b>   |  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (PEDIATRICS - GENERAL)</b>           | Phone: <b>661-725-1010</b><br>Fax: <b>661-725-6940</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>NORTH KERN-SOUTH TULARE HOSPITAL DISTRICT</b>                   |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>MENDOZA ANNA, L</b>  | <b>1230 JEFFERSON ST<br/>DELANO CA 93215</b>           |                   |                  |
| Availability: <b>OPEN</b>   |  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b> | Phone: <b>661-725-7793</b><br>Fax: <b>661-370-3911</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:   |  |                   |                  |
| Group Affiliation: <b>FAMILY HEALTHCARE NETWORK</b>                                   |  |                   |                  |
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## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address                                      | Tertiary Address |
|---|--|--|------------------|
| <b>DELANO PROVIDERS</b>   |  |  |                  |
| <b>RIZKALLA MIRIAM,</b>   | <b>1201 JEFFERSON ST</b>                               | <b>2300 7TH ST</b>                                     |                  |
| Availability: <b>OPEN</b>   | <b>DELANO CA 93215</b>                                 | <b>WASCO CA 93280</b>                                  |                  |
| Board Certified: <b>AMERICAN BOARD OF FAMILY MEDICINE (FAMILY MEDICINE - GENERAL)</b>     | Phone: <b>661-721-0737</b><br>Fax: <b>661-721-0738</b> | Phone: <b>6617584184</b><br>Fax: <b>6617584188</b>     | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>ADVENTIST HEALTH DELANO</b>   |  |  |                  |
| <hr/>   |  |  |                  |
| <b>STRATEGOS EMMANUEL, J</b>  | <b>1201 JEFFERSON ST</b>                               | <b>2041 BELSHAW ST</b>                                 |                  |
| Availability: <b>OPEN</b>   | <b>DELANO CA 93215</b>                                 | <b>MOJAVE CA 93501</b>                                 |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b> | Phone: <b>661-721-0737</b><br>Fax: <b>661-721-0738</b> | Phone: <b>661-824-4511</b><br>Fax: <b>661-824-2773</b> | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |  |                  |
| Group Affiliation: <b>ADVENTIST HEALTH DELANO</b>   |  |  |                  |
| <hr/>   |  |  |                  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| <b>DELANO PROVIDERS</b>   |  |                   |                  |
| <b>AL NAHHAL RAMY, I</b>  | <b>1230 JEFFERSON ST<br/>DELANO CA 93215</b>           |                   |                  |
| Availability: <b>OPEN</b>   |  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF INTERNAL MEDICINE (INTERNAL MEDICINE - GENERAL)</b>         | Phone: <b>661-725-7793</b><br>Fax: <b>661-725-0595</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>HINDI</b>  |  |                   |                  |
| Group Affiliation: <b>FAMILY HEALTHCARE NETWORK</b>   |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>MEHRETAB-ROMAN YOHANNA, A</b>  | <b>912 FREMONT ST<br/>DELANO CA 93215</b>              |                   |                  |
| Availability:   |  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b>                                    | Phone: <b>866-707-6664</b><br>Fax: <b>661-459-1974</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |                   |                  |
| <hr/>   |  |                   |                  |
| <b>SALMASSI SADEGH,</b>   | <b>1205 GARCES HWY STE 306<br/>DELANO CA 93215</b>     |                   |                  |
| Availability: <b>OPEN</b>   |  |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PATHOLOGY (ANATOMIC &amp; CLINICAL PATHOLOGY - GENERAL)</b> | Phone: <b>661-725-5877</b><br>Fax: <b>661-725-4636</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language: <b>SPANISH</b>  |  |                   |                  |
| Group Affiliation: <b>S. SALMASSI MD, INC.</b>  |  |                   |                  |



## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name  | Primary Address                                      | Secondary Address                                | Tertiary Address                                     |
|---|--|--|--|
| <b>DELANO PROVIDERS</b>   |  |  |  |
| <b>DELEON MARISSA, Q</b>  | <b>1508 GARCES HIGHWAY STE 1<br/>DELANO CA 93215</b> |  |  |
| Availability: <b>OPEN</b>   |  |  |  |
| Board Certified:  | Phone: <b>661-725-4780</b>                           | Phone:   | Phone:   |
| Language: <b>SPANISH</b>  | Fax: <b>661-725-1048</b>                             | Fax:   | Fax:   |
| Group Affiliation: <b>CLINICA SIERRA VISTA</b>  |  |  |  |
| <hr/>   |  |  |  |
| <b>HASNAIN ABBAS, S</b>   | <b>1500 6TH AVE<br/>DELANO CA 93215</b>              |  |  |
| Availability:   |  |  |  |
| Board Certified:  | Phone: <b>661-725-1010</b>                           | Phone:   | Phone:   |
| Language: <b>SPANISH</b>  | Fax: <b>661-725-6940</b>                             | Fax:   | Fax:   |
| Group Affiliation: <b>NORTH KERN-SOUTH<br/>TULARE HOSPITAL<br/>DISTRICT</b>                       |  |  |  |
| <hr/>   |  |  |  |
| <b>SARVA RAMYA, M</b>   | <b>912 FREMONT ST<br/>DELANO CA 93215</b>            | <b>1014 CALLOWAY DR<br/>BAKERSFIELD CA 93312</b> | <b>1022 CALLOWAY DR<br/>BAKERSFIELD CA<br/>93312</b> |
| Availability: <b>OPEN</b>   |  |  |  |
| Board Certified: <b>AMERICAN BOARD OF<br/>FAMILY MEDICINE<br/>(FAMILY MEDICINE -<br/>GENERAL)</b> | Phone: <b>866-707-6664</b>                           | Phone: <b>866-707-6664</b>                       | Phone: <b>866-707-6664</b>                           |
| Language: <b>SPANISH</b>  | Fax: <b>661-459-1974</b>                             | Fax: <b>661-746-9197</b>                         | Fax: <b>661-746-9197</b>                             |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>  |  |  |  |

## DHMN-CC Primary Care Physician Roster

| Provider Specialty / Provider Name                             | Primary Address  | Secondary Address | Tertiary Address |
|--|--|-------------------|------------------|
| <b>DELANO PROVIDERS</b>  |  |                   |                  |
| <b>GEHLAWAT DILBAGH, S</b>                                     | <b>912 FREMONT ST</b>                                  |                   |                  |
| Availability: <b>OPEN, COMMERCIAL ONLY</b>                     | <b>DELANO CA 93215</b>                                 |                   |                  |
| Board Certified: <b>AMERICAN BOARD OF PEDIATRICS (GENERAL)</b> | Phone: <b>866-707-6664</b><br>Fax: <b>661-459-1974</b> | Phone:<br>Fax:    | Phone:<br>Fax:   |
| Language:  |  |                   |                  |
| Group Affiliation: <b>OMNI FAMILY HEALTH</b>                   |  |                   |                  |