

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### ACUPUNCTURE

**LIN YONG SHUN,**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4131 MING AVE , BAKERSFIELD CA 93309	866-707-6664	661-746-9197

---

### ALLERGY & IMMUNOLOGY

**BOREN ERIC, J**

**Group Affiliation: KERN ALLERGY MEDICAL CLINIC INC**

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1921 18TH ST , BAKERSFIELD CA 93301	661-327-9693	661-327-0749
OFFICE 1	1429 MAIN ST , DELANO CA 93215	661-327-9693	

---

**TANUS TONNY,**

**Group Affiliation: KERN ALLERGY MEDICAL CLINIC INC**

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1921 18TH ST , BAKERSFIELD CA 93301	661-327-9693	661-327-0749
OFFICE 1	1429 MAIN ST , DELANO CA 93215	661-327-9693	

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### AUDIOLOGY

**BURSTEIN JENNIFER, LN**

Group Affiliation: **SATISH R. VADAPALLI, MD, INC.**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4100 EMPIRE DR STE 120, BAKERSFIELD CA 93309	661-414-0270	661-362-0228

**BERMEJO JUAN, J**

Group Affiliation: **JUAN J. BERMEJO**

Language(s)  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2201 MT VERNON AVE STE 109, BAKERSFIELD CA 93306	661-871-8006	661-871-8336

**ANDERSEN DOUGLAS, E**

Group Affiliation: **DOUGLAS E. ANDERSEN**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1801 21ST ST , BAKERSFIELD CA 93301	661-324-2113	661-324-2891

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WARNER WENDY, P**

Group Affiliation: **SATISH R. VADAPALLI, MD, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4100 EMPIRE DR STE 120, BAKERSFIELD CA 93309

661-414-0270

661-362-0228

---

### BARIATRIC SURGERY

**NAIK NIRAV, C**

Group Affiliation: **THE NIRAV C. NAIK MEDICAL CORPORATION**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**SPANISH**

OFFICE 1

4817 CENTENNIAL PLAZA WAY STE B,  
BAKERSFIELD CA 93312

661-447-4559

661-447-4565

**HINDI**

OFFICE 1

4817 CENTENNIAL PLAZA WAY STE C,  
BAKERSFIELD CA 93312

661-447-4559

---

**GUJARATI**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**IRANI HORMUZ,**

**Group Affiliation: ADVANCED BARIATRICS A MEDICAL CORPORATION**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**HINDI**

**OFFICE 1 8311 BRIMHALL RD STE 1901, BAKERSFIELD CA**

**661-638-0601**

**661-638-0605**

**SPANISH**

**93312**

**GUJARATI**

---

### CARDIOLOGY

**BANKS AARON, E**

**Group Affiliation: PEDIATRIC HEART CENTER, INC.**

Language(s)

Office # Street:

Phone:

Fax:

**SPANISH**

**OFFICE 1 500 OLD RIVER RD STE 105, BAKERSFIELD CA  
93311**

**661-664-0808**

**800-691-2492**

---

**SATOU GARY, M**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office # Street:

Phone:

Fax:

**OFFICE 1 1081 N CHINA LAKE BLVD , RIDGECREST CA 93555 760-446-3551**

**760-499-3959**

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### CARDIOVASCULAR DISEASE

**LEE TOMMY, C**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

**CANTONESE**

Office #

**OFFICE 1**

Street:

**3838 SAN DIMAS ST STE B201, BAKERSFIELD CA  
93301**

Phone:

**661-321-3161**

Fax:

**661-321-3166**

---

**PATEL AJAY, M**

Group Affiliation: **CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s) **SPANISH**

Office #

**OFFICE 1**

Street:

**8337 BRIMHALL RD BLDG 1200, BAKERFIELD CA  
93312**

Phone:

**661-443-0088**

Fax:

**661-443-0087**

**OFFICE 1**

**20211 WEST VALLEY BLVD , TEHACHAPI CA 93561 661-443-0088**

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SALVO JARED, M**

Group Affiliation: **JARED SALVO, D.O., A PROFESSIONAL CORPORATION**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	500 OLD RIVER RD STE 260, BAKERSFIELD CA 93311	661-843-6464	661-282-8417

**PUGA LEOPOLDO,**

Group Affiliation: **CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	8337 BRIMHALL RD BLDG 1200, BAKERSFIELD CA 93312	661-443-0088	661-443-0087
OFFICE 1	20211 WEST VALLEY BLVD , TEHACHAPI CA 93561	661-443-0088	

**DESAI KIRIT, R**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**  
**SINHALESE**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308	661-323-8384	661-323-9329
OFFICE 1	3402 MT PINOS WAY , FRAZIER PARK CA 93225	661-716-4754	

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**AGGARWAL ATUL, A**

**Group Affiliation: ATUL AGGARWAL MD CARDIOLOGY CLINIC**

Language(s) **SPANISH**  
**HINDI**  
**PUNJABI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1018 CALLOWAY DR , BAKERSFIELD CA 93312</b>	<b>661-664-0100</b>	<b>661-664-0111</b>

**HABIB MOKSEDUL,**

**Group Affiliation: COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.**

Language(s)  
**BENGALI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>5945 TRUXTUN AVE , BAKERSFIELD CA 93309</b>	<b>661-323-4278</b>	<b>661-631-5546</b>

**DESAI CHIRAG, K**

**Group Affiliation: CENTRIC HEALTH**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308</b>	<b>661-323-8384</b>	<b>661-323-9329</b>

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BANERJEE SUPRATIM,**

Group Affiliation: **COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.**

Language(s) **SPANISH, CHINESE**  
**BENGALI**  
**HINDI**  
**GUJARATI**

Office #	Street:	Phone:	Fax:
OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-631-5544	661-631-5546
OFFICE 1	432 LEXINGTON AVE STE B, DELANO CA 93215	661-725-7818	

**DOCTOR NIRAJ, S**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308	661-323-8384	661-323-9326

**NALOS PETER, C**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308	661-323-8384	661-323-9326
OFFICE 1	20041 VALLEY BLVD UNIT 3, TEHACHAPI CA 93561	661-716-4754	



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MOHSEN GHASSAN, A**

Group Affiliation: RIDGECREST REGIONAL HOSPITAL

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1111 N CHINA LAKE BLVD STE 501, RIDGECREST CA 93555	760-499-3277	760-499-3870

**MEHTA VIRAL, Y**

Group Affiliation: COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.

Language(s)

HINDI  
GUJARATI

Office #	Street:	Phone:	Fax:
OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-631-5544	661-631-5546
OFFICE 1	432 LEXINGTON AVE STE B, DELANO CA 93215	661-725-7818	

**BHAMBI BRIJESH, K**

Group Affiliation: CENTRIC HEALTH

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308	661-323-8384	661-283-8528
OFFICE 1	20041 VALLEY BLVD UNIT 3, TEHACHAPI CA 93561	800-432-7824	
OFFICE 3	1041 N CHINA LAKE BLVD STE B, RIDGECREST CA 93555	800-432-7824	661-323-9326

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KHAN NASSER, U**

Group Affiliation: **COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.**

Language(s)	SPANISH	Office #	Street:	Phone:	Fax:
	SPANISH	OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-631-5544	661-631-5546
	HINDI				
	URDU				

---

**SANDHU RASHAM, DS**

Group Affiliation: **CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s)	SPANISH	Office #	Street:	Phone:	Fax:
	PUNJABI	OFFICE 1	8337 BRIMHALL RD BLDG 1200, BAKERSFIELD CA 93312	661-443-0088	661-443-0087
		OFFICE 1	20211 WEST VALLEY BLVD , TEHACHAPI CA 93561	661-443-0088	

---

**SINGH SARABJIT, K**

Group Affiliation: **KERN CARDIOLOGY MEDICAL GROUP, INC.**

Language(s)	SPANISH, CHINESE	Office #	Street:	Phone:	Fax:
	PUNJABI	OFFICE 1	4000 PHYSICIANS BLVD STE E101, BAKERSFIELD CA 93301	661-327-0807	661-327-7593
	HINDI				

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NAJJAR EMAD, S**

Group Affiliation: **COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-323-4278	661-631-5546
OFFICE 1	432-B LEXINGTON AVE , DELANO CA 93215	661-323-4278	
OFFICE 3	20041 W VALLEY BLVD , TEHACHAPI CA 93561	661-323-4278	661-631-5546

---

**SINGH SARABJEET,**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308	661-323-8384	661-323-9326

---

**DEITS RICHARD, M**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE B201, BAKERSFIELD CA 93301	661-321-3161	661-321-3166

---

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GHANDFOROUSH ASLAN, T**

**Group Affiliation: COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5945 TRUXTUN AVE , BAKERSFIELD CA 93309

661-323-4278

661-631-5546

---

**KYAW HTOO,**

**Group Affiliation: ATUL AGGARWAL MD CARDIOLOGY CLINIC**

Language(s) **SPANISH, HINDI, P  
BURMESE**

Office #

Street:

Phone:

Fax:

OFFICE 1

1018 CALLOWAY DR , BAKERSFIELD CA 93312

661-664-0100

661-664-0111

---

**GOWD PAMPANA,**

**Group Affiliation: CENTRIC HEALTH**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2901 SILLECT AVE STE 100, BAKERSFIELD CA  
93308

661-323-8384

661-323-9326

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**THAYAPRAN NALLATHAMBY,**

Group Affiliation: **COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5945 TRUXTUN AVE , BAKERSFIELD CA 93309

661-631-5544

661-631-5546

---

**DOCTOR NIRAJ, S**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

4131 MING AVE , BAKERSFIELD CA 93309

866-707-6664

661-746-9197

---

**NAIR SHYAM, K**

Group Affiliation: **WESTERN CARDIOLOGY MEDICAL CLINIC, INC.**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**CHINESE**

OFFICE 1

2007 17TH ST , BAKERSFIELD CA 93301

661-633-1983

661-633-1101

**HEBREW**

**SPANISH**

---

**CARDIOVASCULAR/THORACIC SURGERY**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PUREWAL SARABJIT, S**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**  
**INDIAN**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>3838 SAN DIMAS ST STE A100, BAKERSFIELD CA 93301</b>	<b>661-327-8538</b>	<b>661-327-5432</b>

**PAW PATRICK, T**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**  
**THAI**  
**CHINESE**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>3838 SAN DIMAS ST STE A100, BAKERSFIELD CA 93301</b>	<b>661-327-8538</b>	<b>661-327-5432</b>
<b>OFFICE 1</b>	<b>3838 SAN DIMAS ST STE B201, BAKERSFIELD CA 93301</b>	<b>661-321-3161</b>	

**PECK ERIC, A**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>3838 SAN DIMAS ST STE A100, BAKERSFIELD CA 93301</b>	<b>661-327-8538</b>	<b>661-327-5432</b>

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### CHIROPRACTIC MEDICINE

**TRAN SONNY, H**

Group Affiliation: **VANGUARD MEDICAL CORPORATION**

Language(s) **SPANISH, KOREAN  
VIETNAMESE**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	565 KERN ST , SHAFTER CA 93263	661-746-4937	855-200-2829

**BRAMLETT BOBBY, J**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93309	866-707-6664	661-459-1974
OFFICE 1	4151 MEXICALI DR , BAKERSFIELD CA 93313	866-707-6664	

**GARCIA ALICIA, E**

Group Affiliation: **VANGUARD MEDICAL CORPORATION**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	845 7TH ST , WASCO CA 93280	661-459-1000	855-200-2829
OFFICE 1	565 KERN ST , SHAFTER CA 93263	661-746-4937	

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SLADICH MICHAEL, A**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93309	866-707-6664	661-746-9197
OFFICE 1	6700 NILES ST SUITE 185, BAKERSFIELD CA 93306	866-707-6664	

**SPENCER NATHAN, A**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1133 N CHELSEA ST , RIDGECREST CA 93555	866-707-6664	661-746-9197
OFFICE 1	161 N MILL ST , TEHACHAPI CA 93561	866-707-6664	

**HOFFMAN GRANT, D**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2101 7TH ST , WASCO CA 93280	866-707-6664	661-758-8132



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HEARTSILL ROBERT, K**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1014 CALLOWAY DR , BAKERSFIELD CA 93312	866-707-6664	661-746-9197
OFFICE 1	4151 MEXICALI DR , BAKERSFIELD CA 93313	866-707-6664	

---

**HEYART GREGORY, R**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4151 MEXICALI DR , BAKERSFIELD CA 93313	866-707-6664	661-215-2349

---

**LOO SHERWIN, Y**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313	866-707-6664	661-630-7750
OFFICE 1	1100 4TH ST , TAFT CA 93268	866-707-6664	
OFFICE 3	2101 7TH ST BLDG A-F, WASCO CA 93280	866-707-6664	661-746-9197

---

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GAL NORBERT,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	655 S CENTRAL VALLEY HWY , SHAFTER CA 93263	866-707-6664	661-746-9197
SPANISH	OFFICE 1	525 ROBERTS LN , BAKERSFIELD CA 93308	866-707-6664	
HUNGARIAN	OFFICE 3	210 N CHESTER AVE , BAKERSFIELD CA 93308	866-707-6664	661-746-9197

---

**REYES JOSE, S**

Group Affiliation: **VANGUARD MEDICAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	565 KERN ST , SHAFTER CA 93263	661-459-1000	855-200-2829

---

**LAM GORDON, B**

Group Affiliation: **RIDGECREST REGIONAL HOSPITAL**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-371-1300	760-384-2100
	OFFICE 1	840 N NORMA ST STE B, RIDGECREST CA 93555	760-371-1300	

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LEDESMA DAVID, A**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

105 E SYDNOR AVE STE 100, RIDGECREST CA  
93555

760-446-6404

760-499-3870

### CLINICAL CARDIAC ELECTROPHYSIOLOGY

**SINGH GURJIT,**

**Group Affiliation: CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s) **SPANISH**  
**PUNJABI**  
**HINDI**

Office #

Street:

Phone:

Fax:

OFFICE 1

8337 BRIMHALL RD BLDG 1200, BAKERSFIELD CA  
93312

661-443-0088

661-443-0087

661-443-0088

### CLINICAL GENETICS & GENOMICS

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ZADEH TOURAN, M**

Group Affiliation: **GENETICS CENTER**

Language(s) **SPANISH**  
**FARSI**

Office # Street:  
**OFFICE 1 211 S MAIN ST STE E, ORANGE CA 92868**

Phone:  
**714-288-3500**

Fax:  
**714-288-3510**

---

**CURRY CYNTHIA, J**

Group Affiliation: **CYNTHIA CURRY**

Language(s) **SPANISH, FRENCH**

Office # Street:  
**OFFICE 1 215 N FRESNO ST STE 370, FRESNO CA 93701**

Phone:  
**559-459-2269**

Fax:  
**559-459-7179**

---

### COLON/RECTAL SURGERY

**MALELLARI LORENC,**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office # Street:  
**OFFICE 1 3838 SAN DIMAS ST STE B231, BAKERSFIELD CA 93301**

Phone:  
**661-665-0505**

Fax:  
**661-864-2190**

---

### COLORECTAL SURGERY

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GUERRERO WHITNEY, M**

**Group Affiliation: ADVENTIST HEALTH MEDICAL CENTER TEHACHAPI**

Language(s) **SPANISH**  
**FRENCH**  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>105 W E ST , TEHACHAPI CA 93561</b>	<b>661-823-7070</b>	<b>661-823-0235</b>

---

**COMPLEX GENERAL SURGICAL ONCOLOGY**

**FOULAD DAVID,**

**Group Affiliation: RAVI PATEL, M.D., INC.**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>6501 TRUXTUN AVE , BAKERSFIELD CA 93309</b>	<b>661-322-2206</b>	<b>661-327-7027</b>

---

**DENTIST/PERIODONTICS**

**BRAMANTI THOMAS, E**

**Group Affiliation: OMFS CARE CENTER PARTNERS**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>215 N FRESNO ST STE 490, FRESNO CA 93701</b>	<b>559-459-6114</b>	<b>559-459-5744</b>

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### DERMATOLOGY

**CABRAL ERIK,**

**Group Affiliation: LA LASER CENTER, PC, A PROFESSIONAL MEDICAL CORPORATION**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	276 S MILL ST STE B & C, TEHACHAPI CA 93561	661-947-9000	661-266-8751
OFFICE 1	1317 MAIN ST STE B, DELANO CA 93215	661-430-9070	
OFFICE 3	876 W GRAND AVE , PORTERVILLE CA 93257	951-412-1540	951-412-1541

---

**DRAYER JEFFREY, A**

**Group Affiliation: LA LASER CENTER, PC, A PROFESSIONAL MEDICAL CORPORATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8605 CAMINO MEDIA STE 300, BAKERSFIELD CA 93311	661-322-2700	661-427-4585
OFFICE 1	876 W GRAND AVE , PORTERVILLE CA 93257	951-412-1540	

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LASHGARI ALI, R**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	105 E SYDNOR AVE STE 100, RIDGECREST CA 93555	760-446-6404	760-446-6415
OFFICE 1	1111 N CHINA LAKE BLVD STE 190, RIDGECREST CA 93555	760-499-3846	
OFFICE 3	1011 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-499-3640	760-499-7229
OFFICE 4	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-499-3899	760-446-2254

---

**RASKIN BERNARD,**

**Group Affiliation: ADVANCED DERMATOLOGY & COSMETIC LASER CARE, A MEDICAL CORPORATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	28212 KELLY JOHNSON PKWY #245, VALENCIA CA 91355	661-254-3686	661-254-3686
OFFICE 1	4100 EMPIRE DR STE 120 & 140, BAKERSFIELD CA 93309	661-254-3686	

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SHAPIRO STEVEN,**

**Group Affiliation: LA LASER CENTER, PC, A PROFESSIONAL MEDICAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	876 W GRAND AVE , PORTERVILLE CA 93257	951-412-1540	951-412-1541
	OFFICE 1	144 S L ST , TULARE CA 93274	661-322-2700	
	OFFICE 3	2323 W CALDWELL AVE , VISALIA CA 93277	661-322-2700	661-427-4587

---

**ABAZA SAM,**

**Group Affiliation: LA LASER CENTER, PC, A PROFESSIONAL MEDICAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5600 CALIFORNIA AVE STE 101, BAKERSFIELD CA 93309	661-322-2700	661-427-4585
ARABIC	OFFICE 1	1200 N CHINA LAKE BLVD STE C, RIDGECREST CA 93555	760-446-9007	
	OFFICE 3	276 S MILL ST STE B & C, TEHACHAPI CA 93561	661-947-9000	661-266-8751
	OFFICE 4	300 OLD RIVER RD STE 120, BAKERSFIELD CA 93311	661-322-2700	661-427-4587

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MEHDI RAZA,**

**Group Affiliation: LA LASER CENTER, PC, A PROFESSIONAL MEDICAL CORPORATION**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	300 OLD RIVER RD STE 120, BAKERSFIELD CA 93311	661-322-2700	661-427-4587
OFFICE 1	5600 CALIFORNIA AVE STE 101, BAKERSFIELD CA 93309	661-322-2700	
OFFICE 3	8605 CAMINO MEDIA STE 300, BAKERSFIELD CA 93311	661-322-2700	661-427-4587
OFFICE 4	876 W GRAND AVE , PORTERVILLE CA 93257	951-412-1540	951-412-1541

---

**TAHERI DANIEL, P**

**Group Affiliation: LA LASER CENTER, PC, A PROFESSIONAL MEDICAL CORPORATION**

Language(s) **SPANISH**  
**FARSI**

Office #	Street:	Phone:	Fax:
OFFICE 1	5600 CALIFORNIA AVE STE 101, BAKERSFIELD CA 93309	661-322-2700	661-427-4585
OFFICE 1	300 OLD RIVER RD STE 120, BAKERSFIELD CA 93311	661-322-2700	
OFFICE 3	1317 MAIN ST STE B, DELANO CA 93215	661-430-9070	661-430-9078
OFFICE 4	1200 N CHINA LAKE BLVD STE A, RIDGECREST CA 93555	760-446-9007	760-446-6900

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**AMMAR NEAL, M**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s)	Office #	Street:	Phone:	Fax:
ARABIC	OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-633-3669
SPANISH				

**FERNANDEZ GEOVER,**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-633-3669

**AWADALLA FARAH, C**

Group Affiliation: **LA LASER CENTER, PC, A PROFESSIONAL MEDICAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1200 N CHINA LAKE BLVD STE C, RIDGECREST CA 93555	760-446-9007	760-446-6900
GREEK	OFFICE 1	276 S MILL ST STE B & C, TEHACHAPI CA 93561	760-873-8781	
	OFFICE 3	5600 CALIFORNIA AVE STE 101, BAKERSFIELD CA 93309	661-322-2700	661-427-4585
	OFFICE 4	300 OLD RIVER RD STE 120, BAKERSFIELD CA 93311	661-322-2700	661-427-4587

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WINKELMANN RICHARD, R**

**Group Affiliation: LA LASER CENTER, PC, A PROFESSIONAL MEDICAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	5600 CALIFORNIA AVE STE 101, BAKERSFIELD CA 93309	661-322-2700	661-427-4587
	OFFICE 1	300 OLD RIVER RD STE 120, BAKERSFIELD CA 93311	661-322-2700	
	OFFICE 3	8605 CAMINO MEDIA STE 300, BAKERSFIELD CA 93311	661-322-2700	661-427-4587
	OFFICE 4	876 W GRAND AVE , PORTERVILLE CA 93257	951-412-1540	951-412-1541

---

### DIAGNOSTIC RADIOLOGY

**LEE ROBERT, K**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CAIN THOMAS, R**

**Group Affiliation: STOCKDALE RADIOLOGY PHYSICIANS SERVICES, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4000 EMPIRE DR STE 100, BAKERSFIELD CA 93309	661-631-8000	661-631-8005
OFFICE 1	3001 SILLECT AVE , BAKERSFIELD CA 93308	661-316-6000	
OFFICE 3	901 OLIVE DR , BAKERSFIELD CA 93308	661-631-8000	661-631-8005

---

**CARMODY TIMOTHY,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**FENNELL VINCENT, R**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LEE BRIAN,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**GUNDZIK JOHN, M**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**HWA LINDA,**

Group Affiliation: **MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s)

**SPANISH**  
**MANDARIN**

Office #	Street:	Phone:	Fax:
OFFICE 1	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-1787
OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	
OFFICE 3	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	559-734-1787

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KRASNY ROBERT, M**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**CRUM CHARLES, D**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	858-546-3800	661-316-3219
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FRIEDLANDER JOSHUA, A**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**RAPHAEL YANIV, R**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RAPER PAUL,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**DHIR VASHITA,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RAM SUNIL, K**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

**MARISTANY BERNARD, G**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ROY ANJALI,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

**VALLES FRANCISCO, E**

**Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s)

**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-1787
OFFICE 1	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	
OFFICE 3	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	559-734-6932

**DIANAT SAEED,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GALLGHER-ZATE HOLLIE, N**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**ALORE PATRICK, L**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**SALEM ARAM,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	9920 BRIMHALL RD , BAKERSFIELD CA 93312	661-326-9600	

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**IRUVURI SIREESHA,**

**Group Affiliation: STOCKDALE RADIOLOGY PHYSICIANS SERVICES, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4000 EMPIRE DR STE 100, BAKERSFIELD CA 93309	661-631-8000	661-631-8005
OFFICE 1	3001 SILLECT AVE , BAKERSFIELD CA 93308	661-316-6000	
OFFICE 3	901 OLIVE DR , BAKERSFIELD CA 93308	661-631-8000	661-631-8005

---

**WORTMAN WILLIAM,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**MASSEE DONALD,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BROWNING PATRICK, D**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**GELVES GABRIEL, J**

Group Affiliation: **STOCKDALE RADIOLOGY PHYSICIANS SERVICES, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	4000 EMPIRE DR STE 100, BAKERSFIELD CA 93309	661-631-8000	661-631-8005
	OFFICE 1	3001 SILLECT AVE , BAKERSFIELD CA 93308	661-316-6000	
	OFFICE 3	901 OLIVE DR , BAKERSFIELD CA 93308	661-631-8000	661-631-8005

---

**LE THU, T**

Group Affiliation: **MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-6932
VIETNAMESE	OFFICE 1	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	
	OFFICE 3	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-6932

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WAGNER ELLIOTT, J**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**ROPER GLADE, E**

**Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-6932
SPANISH	OFFICE 1	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	
	OFFICE 3	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-6932

---

**BALDASSARRE RANDALL, L**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ROEFS JOHN, A**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**WAGMAN ALLAN, J**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**HIGHTOWER DANIEL, J**

Group Affiliation: **MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH GERMAN	OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-1787
	OFFICE 1	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	
	OFFICE 3	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-1787

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WILSON ANNA,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**LUDWIG BENJAMIN, J**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93306	661-324-7000	
	OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**COHEN MARTIN,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**MACDONALD CHRISTOPHER, J**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HO RALPH, T**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**DENARO STEPHEN, A**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-328-6445	888-972-8079
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LESAR BENJAMIN, J**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**DENARO STEPHEN, A**

**Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	500 OLD RIVER RD STE 200, BAKERSFIELD CA 93311	661-663-6429	661-663-6041

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CHANG GERALDINE,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**MANJIKIAN VIKEN,**

**Group Affiliation: STOCKDALE RADIOLOGY PHYSICIANS SERVICES, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4000 EMPIRE DR STE 100, BAKERSFIELD CA 93309	661-631-8000	661-631-8005
OFFICE 1	3001 SILLECT AVE , BAKERSFIELD CA 93308	661-316-6000	
OFFICE 3	901 OLIVE DR , BAKERSFIELD CA 93308	661-631-8000	661-631-8005

---

**MANSFIELD WILLIAM, P**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3164
OFFICE 1	9900 STOCKDALE HWY STE 109, BAKERSFIELD CA 93309	661-616-1488	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93309	661-215-8223	

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MANSFIELD WILLIAM, P**

Group Affiliation: **WAJIH AL-SHEIKH, M.D., INC.**

Language(s) **SPANISH, ARABIC**

Office #	Street:	Phone:	Fax:
OFFICE 1	1311 JEFFERSON ST , DELANO CA 93215	661-721-3510	661-721-0562

**OYOLA TORRES EDUARDO,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93306	661-324-7000	
OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

**OTTO RONALD,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ONG LEONARD, T**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**CHEN IRENE,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NGUYEN DANH TIEN,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**VARAPRASATHAN GITA, A**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**ARAFAT OMAR, S**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**QAISI WALEED,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**ARTAL DALIA,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	066-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**MARDIAT JOHN, G**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WEDEEN GLENN, P**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9500	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	

**WILLIAMS MARK,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

**AMIRHAMZEH DANIEL,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
FARSI	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3164

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WIEDMAN MARTHA, A**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3164

**ZARE MEGAN, M**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

**PHAN TRENT, V**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) SPANISH	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WHITE JAMES, E**

**Group Affiliation: STOCKDALE RADIOLOGY PHYSICIANS SERVICES, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4000 EMPIRE DR STE 100, BAKERSFIELD CA 93309	661-631-8000	661-631-8005
OFFICE 1	3001 SILLECT AVE , BAKERSFIELD CA 93308	661-316-6000	
OFFICE 3	901 OLIVE DR , BAKERSFIELD CA 93308	661-631-8000	661-631-8005

---

**CHIU STEPHANIE, Y**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**LIU JOHNS,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LIU JOSEPH, P**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**APPLEGATE GREGORY, R**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PRINCENTHAL ROBERT,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

**MOURADI BARA,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**TAYLOR BRANDON, C**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**KHANNA ROHIT,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**SOSNOWSKI RAFAL, L**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BLUME DOUGLAS, N**

Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-1787
	OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	
	OFFICE 3	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	559-734-1787

---

**BERMAN JACK, L**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	4500 MORNING DR STE 202, BAKERSFIELD CA 93311		

---

**MCDANIEL BROCK, G**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BANTA BRADY,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**SYMKO SOPHIA, C**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9800	661-334-3164

---

**AHDOOT ROBEN, D**

Group Affiliation: **MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	400 W MINERAL KING AVE , VISALIA CA 93277	559-624-2000	559-734-1787
OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	
OFFICE 3	119 S LOCUST ST STE B, VISALIA CA 93291	559-366-7177	866-421-1361

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BROWN DOUGLAS,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**BOUIT TROY, K**

Group Affiliation: **MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-1787
OFFICE 1	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	
OFFICE 3	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-1787

---

**SIDDIQUI ARSALAN, A**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
OFFICE 1	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	
OFFICE 3	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MENDOZA JORGE, A**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

**MCALLISTER DEREK, G**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BENDER GREGORY, N**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**KAVALI ASHA, K**

Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	559-734-1787
	OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	
	OFFICE 3	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-1787

---

**HARVEY WILLIAM, B**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SUADI DAVID, G**

**Group Affiliation: STOCKDALE RADIOLOGY PHYSICIANS SERVICES, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4000 EMPIRE DR STE 100, BAKERSFIELD CA 93309	661-631-8000	661-631-8005
OFFICE 1	901 OLIVE DR , BAKERSFIELD CA 93308	661-631-8000	

**GERO BERNARD, T**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

**DAMBACH HEIDI,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DALLE JOHN,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**STEVENS SYDNEY, L**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**MOSHFEGH AMIEL, P**

Group Affiliation: **SOUTHERN CALIFORNIA VASCULAR INSTITUTE, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	323-347-1002	323-433-9177

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MERCER NANCI,**

**Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-663-6429

661-663-6041

---

**TAXAK PRITEE,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

661-326-9600

661-334-3065

---

**HAGOPIAN TARA, A**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

661-324-7000

661-324-3164

OFFICE 1

9300 STOCKDALE HWY STE 100 & 109,  
BAKERSFIELD CA 93311

661-324-7000

OFFICE 3

4500 MORNING DRIVE STE 202, BAKERSFIELD CA  
93306

661-324-7000

661-324-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MORAN ANGEL,**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-327-7027

**ABE BENNETT, K**

Group Affiliation: **MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1700 S COURT ST STE C, VISALIA CA 93277	559-734-3258	559-734-9258
OFFICE 1	119 S LOCUST ST , VISALIA CA 93291	559-734-3258	
OFFICE 3	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-1787

**MORENO HEATHER,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KELLY WILLIAM,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**SHIN MICHAEL, J**

**Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-6932
OFFICE 1	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	
OFFICE 3	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-1787

---

**FATEMI NASTARAN,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NALLS GAIL, A**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

**HAMMERMAN CURTIS,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BROCK RACHEL, E**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**TURNER ROBERT, M**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93301	661-324-7000	661-334-3164
OFFICE 1	9300 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-334-3164

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SCHARNWEBER TRAVIS, S**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**AGUET JAIME, C**

**Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-1787
SPANISH	OFFICE 1	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	
	OFFICE 3	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-1787

---

**SCHALE DAVID, P**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**JORDAN TAYLOR, R**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**FLANNIGAN BONNIE,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**TALEBI LIASI AMIR, H**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**MERCER NANJI,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**APPLEGATE LAURA, J**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**URDANETA FELIPE,**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**MIKHCHI AMIR, H**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SANGKHARAT ANINCHANA,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	9920 BRIMHALL RD , BAKERSFIELD CA 93312	661-326-9600	

---

**JAVERI KHALID, K**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**TALLY JULIA,**

**Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-1787
	OFFICE 1	400 W MINERAL KING AVE , VISALIA CA 93291	559-734-9244	
	OFFICE 3	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-1787
	OFFICE 4	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	559-734-1787

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**TIRMAN PHILLIP,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**SHELAT ASHUTOSH,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FAN JOHN, W**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**MUIR SUSIE, J**

Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**TANGRI RAJIV,**

Group Affiliation: **STOCKDALE RADIOLOGY PHYSICIANS SERVICES, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4000 EMPIRE DR STE 100, BAKERSFIELD CA 93309	661-631-8000	661-631-8005
OFFICE 1	3001 SILLECT AVE , BAKERSFIELD CA 93308	661-316-6000	
OFFICE 3	901 OLIVE DR , BAKERSFIELD CA 93308	661-631-8000	661-631-8005

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MURPHY JAMES, S**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

---

**ARIGO RICHARD, C**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065

---

**GALDINO GREGORY, M**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065

---

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KLEIN MICHAEL, V**

Group Affiliation:

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

**BERNARD MARK, S**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

**YUAN DAVID, D**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KISLER TANYA,**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164

**SHAHROKNI SEYED, H**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3164

**SHAHKARAMI ASHKAN,**

**Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-1787
OFFICE 1	119 S LOCUST ST STE B, VISALIA CA 93291	559-734-5674	
OFFICE 3	1700 S COURT ST STE C, VISALIA CA 93277	559-734-5674	559-734-1787

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ABRAMS JOSEPH,**

**Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	400 W MINERAL KING AVE , VISALIA CA 93291	559-734-9244	559-734-6932
	OFFICE 1	119 S LOCUST ST STE B, VISALIA CA 93291	559-366-7177	
	OFFICE 3	1700 S COURT ST STE A, VISALIA CA 93277	559-734-5674	559-734-1787
	OFFICE 4	1700 S COURT ST STE C, VISALIA CA 93277	5597345674	5597341787

---

### EMERGENCY MEDICINE

**ALLWEIN ALEX, T**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1111 N CHINA LAKE BLVD STE 190, RIDGECREST CA 93555	760-499-3800	760-499-3810
SPANISH				

---

**AMMARI RAZAN,**

**Group Affiliation: INFUSION AND CLINICAL SERVICES, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	901 OLIVE DR , BAKERSFIELD CA 93308	661-215-7500	661-399-4224
HINDI				
PUNJABI				
SPANISH				

---

### ENDOCRINOLOGY

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CHING JOHN, S**

**Group Affiliation: PEDIATRIC ENDOCRINOLOGY & DIABETES CONSULTANTS, INC.**

Language(s) **SPANISH**  
**SPANISH**  
**CHINESE**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>6001 TRUXTUN AVE STE A130, BAKERSFIELD CA 93309</b>	<b>661-836-7799</b>	<b>661-840-5934</b>

---

**HAN SANG HUN,**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>625 34TH ST STE 100 &amp; 200, BAKERSFIELD CA 93301</b>	<b>833-678-2781</b>	<b>661-368-0618</b>

---

## ENDOCRINOLOGY DIABETES & METABOLISM

**PATEL RONAKKUMAR, D**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>4131 MING AVE , BAKERSFIELD CA 93309</b>	<b>866-707-6664</b>	<b>661-746-9197</b>

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WIN HTET HTET,**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**BURMESE**

Office # Street:  
**OFFICE 1 4131 MING AVE , BAKERSFIELD CA 93309**

Phone:  
**866-707-6664**

Fax:  
**661-746-9197**

---

**ETTINGER VICTOR,**

**Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT**

Language(s) **SPANISH**

Office # Street:  
**OFFICE 1 4300 BIRCH AVE , LAKE ISABELLA CA 93240**

Phone:  
**760-379-1791**

Fax:  
**760-379-1793**

---

**DUGGAL JASLEEN, K**

**Group Affiliation: CENTRIC HEALTH**

Language(s)

Office # Street:  
**OFFICE 1 3008 SILLECT AVE STE 220, BAKERSFIELD CA 93308**

Phone:  
**661-748-1999**

Fax:  
**661-748-1815**

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SHAH HARSHIT, R**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9500 STOCKDALE HWY STE 201, BAKERSFIELD CA 93311	661-327-1431	661-321-3286

---

**SINGH ATAM, B**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	3008 SILLECT AVE STE 220, BAKERSFIELD CA 93308	661-748-1999	661-748-1815
OFFICE 1	4531 BUENA VISTA RD STE 140, BAKERSFIELD CA 93311	661-748-1999	

---

**GASTROENTEROLOGY**



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MANU RAJEEV, R**

**Group Affiliation: RAJEEV R. MANU M.D. INC**

Language(s) **SPANISH**

**Office # Street:**

**OFFICE 1 9870 BRIMHALL RD STE 100, BAKERSFIELD CA  
93312**

**Phone:**

**661-587-7611**

**Fax:**

**661-587-7612**

---

**CHOWDHURY TABASSUM, A**

**Group Affiliation: RABINDER S. BHOGAL, MD, HARPAL S. BHAIKA, MD, TABASSUM A. CHOWDHURY, MD, ROBIN A. MATUK, MD, ISHAAN S. KALHA, MD**

Language(s) **SPANISH  
INDIAN**

**Office # Street:**

**OFFICE 1 5959 TRUXTUN AVE STE 100, BAKERSFIELD CA  
93309**

**Phone:**

**661-324-1203**

**Fax:**

**661-321-3271**

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MATUK ROBIN, A**

**Group Affiliation:** RABINDER S. BHOGAL, MD, HARPAL S. BHAIKA, MD, TABASSUM A. CHOWDHURY, MD, ROBIN A. MATUK, MD, ISHAAN S. KALHA, MD

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5959 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309	661-324-1203	661-324-3195

**NARSINH KIRAN, F**

**Group Affiliation:** RIDGECREST REGIONAL HOSPITAL

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1041 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-0121	760-446-0734
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

**BHOGAL NEIL,**

**Group Affiliation:** RABINDER S. BHOGAL, MD, HARPAL S. BHAIKA, MD, TABASSUM A. CHOWDHURY, MD, ROBIN A. MATUK, MD, ISHAAN S. KALHA, MD

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5959 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-1203	661-321-3271

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KRISHAN RAJEEV,**

**Group Affiliation: RAJEEV KRISHAN, M.D. A PROFESSIONAL CORPORATION**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9900 STOCKDALE HWY STE 208, BAKERSFIELD CA 93311	661-735-3915	661-367-9533

**TYAGI VIVAIAK,**

**Group Affiliation: GASTRO CARE INSTITUTE**

Language(s) **SPANISH**  
**PUNJABI**

Office #	Street:	Phone:	Fax:
OFFICE 1	43944 15TH ST W STE 201, LANCASTER CA 93534	661-529-7550	661-529-7560
OFFICE 1	900 HERITAGE BLVD BLDG B, RIDGECREST CA 93555	661-529-7550	
OFFICE 3	20211 VALLEY BLVD , TEHACHAPI CA 93561	661-529-7550	661-529-7560

**CHEN TIEN-CHUN,**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s) **SPANISH**  
**TAIWANESE**  
**MANDARIN**

Office #	Street:	Phone:	Fax:
OFFICE 1	1041 N CHINA LAKE BLVD STE B, RIDGECREST CA 93555	760-446-0121	760-446-0734
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KOGAN MARK, H**

Group Affiliation: RIDGECREST REGIONAL HOSPITAL

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1041 N CHINA LAKE BLVD STE B, RIDGECREST CA 93555	760-446-0121	760-446-0734
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

**BHOOGAL RABINDER, S**

Group Affiliation: RABINDER S. BHOOGAL, MD, HARPAL S. BHAIKA, MD, TABASSUM A. CHOWDHURY, MD, ROBIN A. MATUK, MD, ISHAAN S. KALHA, MD

Language(s)

HINDI  
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	5959 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309	661-324-1203	661-324-3195

**RAHAL PARAMVIR, S**

Group Affiliation: PARAMVIR S. RAHAL, M.D., INC.

Language(s) SPANISH  
SPANISH  
PUNJABI

Office #	Street:	Phone:	Fax:
OFFICE 1	9802 STOCKDALE HWY STE 102, BAKERSFIELD CA 93311	661-323-1200	661-323-1204
OFFICE 1	1205 GARCES HWY STE 107, DELANO CA 93215	661-721-1200	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RAVI NANDAKUMAR, B**

**Group Affiliation: NANDAKUMAR RAVI, M.D., A PROFESSIONAL CORPORATION**

Language(s) **SPANISH**  
**KANNADA**

Office #	Street:	Phone:	Fax:
OFFICE 1	9870 BRIMHALL RD STE 100, BAKERSFIELD CA 93312	661-588-8725	661-588-8749
OFFICE 1	20041 VALLEY BLVD UNIT 3, TEHACHAPI CA 93561	661-822-0377	

**BEBLAWI IHAB, E**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1041 N CHINA LAKE BLVD STE B, RIDGECREST CA 93555	760-446-0121	760-446-0734
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

**KALHA ISHAAN, S**

**Group Affiliation: RABINDER S. BHOGAL, MD, HARPAL S. BHAIKA, MD, TABASSUM A. CHOWDHURY, MD, ROBIN A. MATUK, MD, ISHAAN S. KALHA, MD**

Language(s) **SPANISH**  
**HINDI**  
**PUNJABI**

Office #	Street:	Phone:	Fax:
OFFICE 1	5959 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309	661-324-1203	661-716-6630
OFFICE 1	1519 GARCES HWY STE 3, DELANO CA 93215	661-324-1203	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PESTANA DAMIAN, R**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1201 JEFFERSON ST , DELANO CA 93215	661-721-0737	661-721-0738

**PERUMALSAMY KUMARAVEL, S**

**Group Affiliation: GASTRO CARE INSTITUTE**

Language(s) **SPANISH**  
**TAMIL**

Office #	Street:	Phone:	Fax:
OFFICE 1	1331 W AVE J STE 202, LANCASTER CA 93534	661-529-7550	661-529-7560
OFFICE 1	900 HERITAGE BLVD BLDG B, RIDGECREST CA 93555	661-529-7550	
OFFICE 3	20211 VALLEY BLVD , TEHACHAPI CA 93561	661-529-7550	661-529-7560

**BHAIKA HARPAL, S**

**Group Affiliation: RABINDER S. BHOGAL, MD, HARPAL S. BHAIKA, MD, TABASSUM A. CHOWDHURY, MD, ROBIN A. MATUK, MD, ISHAAN S. KALHA, MD**

Language(s) **SPANISH**  
**PUNJABI**  
**HINDI**

Office #	Street:	Phone:	Fax:
OFFICE 1	5959 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309	661-324-1203	661-324-3195
OFFICE 1	6425 LYNCH CANYON DR , LAKE ISABELLA CA 93240	661-324-1203	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PAN DANA, Y**

Group Affiliation: RIDGECREST REGIONAL HOSPITAL

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1041 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-0121	760-446-0734
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

---

**SHINDY WALEED, W**

Group Affiliation: RIDGECREST REGIONAL HOSPITAL

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1041 N CHINA LAKE BLVD STE B, RIDGECREST CA 93555	760-446-0121	760-446-0734
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

---

### GENERAL SURGERY

**SINGH GURMANT, P**

Group Affiliation: GURMANT P. SINGH, MD, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8307 BRIMHALL RD STE 1706, BAKERSFIELD CA 93312	661-467-1477	661-467-1480
OFFICE 1	1205 GARCES HWY STE 303, DELANO CA 93215	661-725-4847	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**THOMAS DEBI, J**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1201 JEFFERSON ST , DELANO CA 93215	661-721-0737	661-721-0738
OFFICE 1	2300 7TH ST , WASCO CA 93280	661-758-4184	

---

**MCCAGUE ANDREW,**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1011 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-499-7210	760-446-3705
OFFICE 1	1111 N CHINA LAKE BLVD STE 190, RIDGECREST CA 93555	760-499-3855	

---

**THOMAS DEBI, J**

**Group Affiliation: ADVENTIST HEALTH MEDICAL CENTER TEHACHAPI**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	105 W E ST , TEHACHAPI CA 93561	661-823-7070	661-823-0235

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BISHOP KELLY,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1201 JEFFERSON ST , DELANO CA 93215</b>	<b>661-721-0737</b>	<b>661-721-0738</b>

**KEENAN ROBERT, N**

**Group Affiliation: ADVENTIST HEALTH MEDICAL CENTER TEHACHAPI**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>105 W E ST , TEHACHAPI CA 93561</b>	<b>661-823-7070</b>	<b>661-823-0235</b>

**FAWIBE OLUWATOSIN,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>3838 SAN DIMAS ST STE B231, BAKERSFIELD CA 93301</b>	<b>661-665-0505</b>	<b>661-864-2190</b>

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MOON CYRUS, R**

**Group Affiliation: MOON MD INCORPORATED**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8311 BRIMHALL RD BLDG 1900 STE 1901, BAKERSFIELD CA 93312	661-638-0601	661-638-0606
OFFICE 1	432 LEXINGTON AVE STE A, DELANO CA 93215	661-375-5879	

**KAPADIA RAVI,**

**Group Affiliation: GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1217 7TH ST , WASCO CA 93280	661-758-5500	661-758-5511

**MICHAEL MICHEL, A**

**Group Affiliation: MICHEL A MICHAEL**

Language(s) **GERMAN**  
**ARABIC**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2020 TRUXTUN AVE , BAKERSFIELD CA 93301	661-323-8384	661-323-0936

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KAY SELWYN,**

Group Affiliation: **SELWYN KAY MD, F.A.C.S.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 2521 G ST , BAKERSFIELD CA 93301**

**661-327-2544**

**661-327-0555**

---

**RODRIGUEZ ROLAND,**

Group Affiliation: **ROLAND RODRIGUEZ, M.D.**

Language(s)

**SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 2521 G ST , BAKERSFIELD CA 93301**

**661-327-2544**

**661-327-0555**

---

**NISIM ABRAHAM, A**

Group Affiliation: **NISIM SURGICAL**

Language(s) **SPANISH, HEBRE**

**SPANISH**

**HEBREW**

Office # Street:

Phone:

Fax:

**OFFICE 1 500 OLD RIVER RD STE 185, BAKERSFIELD CA  
93311**

**661-748-1886**

**661-479-5063**

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CHANDRASEKARAN ARJUN,**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1011 N CHINA LAKE BLVD , RIDGECREST CA 93555

760-499-3640

760-446-3700

---

**PORTUGAL DENISE,**

**Group Affiliation: DENISE PORTUGAL**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

2021 22ND ST , BAKERSFIELD CA 93301

661-864-7076

661-864-7131

---

**PUGALENTHI AMUDHAN,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE B231, BAKERSFIELD CA  
93301

661-665-0505

661-864-2190

---

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GUERRERO WHITNEY,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**  
**FRENCH**  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1201 JEFFERSON ST , DELANO CA 93215</b>	<b>661-721-0737</b>	<b>661-721-0738</b>

**LEE CHIH CHENG,**

**Group Affiliation: ADVENTIST HEALTH MEDICAL CENTER TEHACHAPI**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>105 W E ST , TEHACHAPI CA 93561</b>	<b>661-823-7070</b>	<b>661-823-0235</b>

**ENRIQUEZ-DIAZ JORGE, A**

**Group Affiliation: JORGE ENRIQUEZ MD F.A.C.S., INC.**

Language(s) **SPANISH**  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2021 22ND ST , BAKERSFIELD CA 93301</b>	<b>661-864-7076</b>	<b>661-864-7131</b>

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BUXTON JOHN, A**

Group Affiliation: **JOHN A. BUXTON M.D.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2521 G ST , BAKERSFIELD CA 93301	661-327-2544	661-327-0555
OFFICE 1	3838 SAN DIMAS ST BLDG B, BAKERSFIELD CA 93301	661-327-2544	

**BUXTON JOHN, A**

Group Affiliation: **KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4300 BIRCH ST , LAKE ISABELLA CA 93241	760-379-1791	760-379-1793

**DINH VU,**

Group Affiliation: **RIDGECREST REGIONAL HOSPITAL**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1011 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-499-3640	760-499-7729
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**IRANI HORMUZ,**

Group Affiliation: **HORMUZ IRANI M.D., INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**HINDI**

**OFFICE 1 8311 BRIMHALL RD STE 1901, BAKERSFIELD CA**

**661-638-0601**

**661-638-0605**

**SPANISH**

**93312**

**GUJARATI**

---

**KWOCK CHRISTINA, L**

Group Affiliation: **PORTERVILLE COMMUNITY PHYSICIANS, INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 500 PUTNAM AVE STE 1026D, PORTERVILLE CA**

**559-544-6865**

**559-791-3909**

**93257**

---

**PATEL ARPIT, B**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**GUJARATI**

**OFFICE 1 3838 SAN DIMAS ST STE B231, BAKERSFIELD CA**  
**93301**

**661-665-0505**

**661-864-2190**

**OFFICE 1 9500 STOCKDALE HWY STE 201, BAKERSFIELD CA**  
**93311**

---

**661-327-1431**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LEE CHIH CHENG,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1201 JEFFERSON ST , DELANO CA 93215	661-721-0737	661-721-0738
OFFICE 1	2300 7TH ST , WASCO CA 93280	661-758-4184	

---

**BRAND LISA, E**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1011 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-499-3640	760-499-7729
OFFICE 1	1111 N CHINA LAKE BLVD STE 190, RIDGECREST CA 93555	760-499-3855	

---

**GARCIA EDWIN,**

**Group Affiliation: GROSSMAN MEDICAL GROUP, INC.**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	420 34TH ST , BAKERSFIELD CA 93301	661-633-2876	661-327-0576

---

**GYNECOLOGIC ONCOLOGY**



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**TAMMELA JONATHAN, E**

Group Affiliation: **PACIFIC CENTRAL COAST HEALTH CENTERS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-663-6429

661-663-6041

**MANRRIQUEZ ERICA, N**

Group Affiliation: **PACIFIC CENTRAL COAST HEALTH CENTERS**

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-663-6429

661-663-6041

---

### HEMATOLOGY

**KANAMORI DAVID, E**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

661-322-2206

661-633-3669

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PATIL SADANAND,**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-322-7027

**SHEKAR KOTA,**

Group Affiliation: **PORTERVILLE COMMUNITY PHYSICIANS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	465 W PUTNAM AVE , PORTERVILLE CA 93257	559-784-1110	
OFFICE 1	400 W MINERAL KING AVE , VISALIA CA 93291	559-624-2000	
OFFICE 3	263 PEARSON DR , PORTERVILLE CA 93257	559-784-1110	

**CARTMELL ALAN, D**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s)

**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-633-3669

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NGUYEN VINH-LINH, B**

Group Affiliation: **BLOOD AND CANCER THERAPEUTICS, A MEDICAL CORPORATION**

Language(s) **SPANISH, VIETNA**

Office #	Street:	Phone:	Fax:
OFFICE 1	4500 MORNING DR STE 105, BAKERSFIELD CA 93306	661-491-5060	661-379-6363

---

**SHAMBAUGH SHAWN, C**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s) **SPANISH, HINDI, P**

Office #	Street:	Phone:	Fax:
OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-633-3669

---

**PATEL RAVI,**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-633-3669

---

**HIV/AIDS MEDICINE**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FELIZARTA FRANCO, A**

**Group Affiliation: FRANCO ANTONIO BALAMBAN FELIZARTA**

Language(s) **SPANISH**  
**TAGALOG**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>3535 SAN DIMAS ST STE 24, BAKERSFIELD CA 93301</b>	<b>661-324-3128</b>	<b>661-324-1129</b>

**REFUGIO OLIVER,**

**Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>9300 N LOOP BLVD STE C, CALIFORNIA CITY CA 93505</b>	<b>661-874-4050</b>	<b>888-977-1571</b>

### HOSPICE/PALLIATIVE CARE

**PATEL RISHI, R**

**Group Affiliation: RAVI PATEL, M.D., INC.**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>6501 TRUXTUN AVE , BAKERSFIELD CA 93309</b>	<b>661-322-2206</b>	<b>661-322-7027</b>

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### INFECTIOUS DISEASE

**ROSHAN BAKHT,**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

**FELIZARTA FRANCO, A**

Group Affiliation: **FRANCO ANTONIO BALAMBAN FELIZARTA**

Language(s) **SPANISH**  
**TAGALOG**

Office #	Street:	Phone:	Fax:
OFFICE 1	3535 SAN DIMAS ST STE 24, BAKERSFIELD CA 93301	661-324-3128	661-324-1129

**SENINING RANDOLPH, C**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s)  
**FILIPINO**

Office #	Street:	Phone:	Fax:
OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-633-3669

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HEIDARI-FOROUSHANI ARASH,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE A100, BAKERSFIELD CA  
93301

661-327-8538

661-327-5432

**MU ANANDIT,**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) SPANISH  
HINDI

Office #

Street:

Phone:

Fax:

OFFICE 1

2740 S ELM AVE , FRESNO CA 93706

559-457-5200

559-457-5296

**KITT SEE-RUERN, S**

**Group Affiliation: KERN COUNTY MEDICAL CLINIC, INC.**

Language(s) SPANISH  
THAI

Office #

Street:

Phone:

Fax:

OFFICE 1

2323 16TH ST STE 108, BAKERSFIELD CA 93301

661-325-2448

661-325-7425

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MUI BYRON, SK**

Group Affiliation: **CENTENNIAL MEDICAL GROUP, INC.**

Language(s)

**CHINESE**

Office #

**OFFICE 1**

Street:

**1801 16TH ST STE A, BAKERSFIELD CA 93301**

Phone:

**661-326-8989**

Fax:

**661-326-8991**

### INTERNAL MEDICINE

**ARENAS FRANCIS,**

Group Affiliation: **GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP**

Language(s)

**SPANISH**

Office #

**OFFICE 1**

Street:

**1217 7TH ST , WASCO CA 93280**

Phone:

**661-758-5500**

Fax:

**661-758-5511**

### INTERVENTIONAL CARDIOLOGY

**SHARMA SANJIV,**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

Office #

**OFFICE 1**

Street:

**2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308**

Phone:

**661-323-8384**

Fax:

**661-323-9326**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DESAI CHIRAG, K**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**SPANISH**

Office # Street:  
**OFFICE 1 4131 MING AVE , BAKERSFIELD CA 93309**

Phone:  
**866-707-6664**

Fax:  
**661-746-9197**

---

### MARRIAGE/FAMILY THERAPIST

**HETTINGA LORENA,**

Group Affiliation: **GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP**

Language(s) **SPANISH**  
**SPANISH**  
**HINDI**  
**PUNJABI**

Office # Street:  
**OFFICE 1 1217 7TH ST , WASCO CA 93280**

Phone:  
**661-758-5500**

Fax:  
**661-758-5511**

---

**JOHNSON ELEASE, M**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:  
**OFFICE 1 625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301**  
**OFFICE 1 1701 WESTWIND DR STE 130, BAKERSFIELD CA 93301**

Phone:  
**833-678-2781**

Fax:  
**661-368-0618**

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HOBBS RICK, A**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 2400 WIBLE RD STE 14, BAKERSFIELD CA 93304**

**661-835-1240**

**661-835-4667**

---

### MATERNAL AND FETAL MEDICINE

**SAMADI RAMIN,**

Group Affiliation: **RAMIN SAMADI M.D., INC.**

Language(s) **SPANISH**  
**FARSI**

Office # Street:

Phone:

Fax:

**OFFICE 1 2501 H ST STE B, BAKERSFIELD CA 93301**

**661-259-5617**

**661-259-9986**

---

### NATUROPATHY

**GADDAM KALYAN,**

Group Affiliation: **RAVI PATEL, M.D., INC.**

Language(s)

**TELUGU**  
**HINDI**

Office # Street:

Phone:

Fax:

**OFFICE 1 6501 TRUXTUN AVE , BAKERSFIELD CA 93309**

**661-322-2206**

**661-633-3669**

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### NEONATAL/PERINATAL MEDICINE

**BHOGAL MADHU, R**

**Group Affiliation: BHOGAL MEDICAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
HINDI	OFFICE 1	420 34TH ST , BAKERSFIELD CA 93301	661-541-0739	661-325-0614
PUNJABI				

---

### NEPHROLOGY

**DUMLAO MELODY, G**

**Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	443 W MORTON AVE STE A, PORTERVILLE CA 93257	559-788-6207	559-788-6344
SPANISH				
TAGALOG	OFFICE 1	1980 CECIL AVE , DELANO CA 93215	559-788-6207	

**RAM PANKAJ, P**

**Group Affiliation: THE NEPHROLOGY GROUP, INC**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH, PUNJAB	OFFICE 1	1313 HERNDON AVE STE 106, FRESNO CA 93720	559-228-6600	559-226-3709
	OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	
	OFFICE 3	800 N ST , SANGER CA 93657	559-228-6600	559-226-3709
	OFFICE 4	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HADAYA BASSEL,**

**Group Affiliation: ANTELOPE VALLEY NEPHROLOGY MEDICAL GROUP**

Language(s) **SPANISH**  
**ARABIC**  
**FRENCH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1759 W AVE J STE 101, LANCASTER CA 93534	661-948-1388	661-948-1223

**SOURIAL MARYANNE,**

**Group Affiliation: THE NEPHROLOGY GROUP, INC**

Language(s) **SPANISH**  
**ARABIC**

Office #	Street:	Phone:	Fax:
OFFICE 1	233 E CALDWELL ST , VISALIA CA 93277	559-228-6600	559-226-3709
OFFICE 1	900 DOUTY ST STE B, HANFORD CA 93230	559-228-6600	

**DHAYALAN DHAYANITHI,**

**Group Affiliation: THE NEPHROLOGY GROUP, INC**

Language(s) **SPANISH**  
**TAMIL**

Office #	Street:	Phone:	Fax:
OFFICE 1	233 CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709
OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	
OFFICE 3	900 N DOUTY ST STE B, HANFORD CA 90509	559-228-6600	559-226-3709

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CHAPAGAIN BIKASH,**

Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s) **SPANISH**  
**HINDI**  
**NEPALI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	568 E HERNDON AVE , FRESNO CA 93720	559-228-6600	559-226-3709

**SAXENA NISHKARSH,**

Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s) **SPANISH**  
**HINDI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	3933 COFFEE RD STE B, BAKERSFIELD CA 93308	661-588-9999	661-588-9041
OFFICE 1	432 LEXINGTON AVE STE A, DELANO CA 93215	661-588-9999	
OFFICE 3	20041 VALLEY BLVD UNIT 3, TEHACHAPI CA 93561	661-558-9999	661-588-9041
OFFICE 4	6621 LAKE ISABELLA BLVD , LAKE ISABELLA CA 93240	661-588-9999	661-588-9041

**CHEN SHAN SHAN,**

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **BURMESE**  
**CHINESE**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KAZMI HASHIM, R**

Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s) SPANISH, PUNJAB

Office #	Street:	Phone:	Fax:
OFFICE 1	3933 COFFEE RD STE B, BAKERSFIELD CA 93308	559-228-6600	559-226-3709
OFFICE 1	1205 GARCES HWY STE 101, DELANO CA 93215	559-228-6600	
OFFICE 3	20041 VALLEY BLVD UNIT 3, TEHACHAPI CA 93561	559-228-6600	559-226-3709
OFFICE 4	6621 LAKE ISABELLA BLVD , LAKE ISABELLA CA 93240	661-588-9999	661-588-9041

---

**KAUL RAJEEV,**

Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709

---

**MOKRI PARHAM, A**

Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP

Language(s) SPANISH  
FARSI

Office #	Street:	Phone:	Fax:
OFFICE 1	5030 OFFICE PARK DR , BAKERSFIELD CA 93309	661-323-2847	661-323-2261

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GERARDINE SUPRIYA, S** Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH, HMONG	OFFICE 1	233 E CALDWELL ST , VISALIA CA 93277	559-228-6600	559-226-3709
HINDI	OFFICE 1	900 DOUTY ST STE B, HANFORD CA 93230	559-228-6600	
TAMIL	OFFICE 3	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709

---

**JOSHI SUDHIR, S** Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s)	Office #	Street:	Phone:	Fax:
HINDI	OFFICE 1	3933 COFFEE RD STE B, BAKERSFIELD CA 93308	661-588-9999	661-588-9041
PUNJABI	OFFICE 1	432 LEXINGTON AVE STE A, DELANO CA 93215	661-588-9999	
	OFFICE 3	20041 VALLEY BLVD UNIT 3, TEHACHAPI CA 93561	661-558-9999	661-588-9041
	OFFICE 4	6621 LAKE ISABELLA BLVD , LAKE ISABELLA CA 93240	661-588-9999	661-588-9041

---

**MUBIN TARIQ,** Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5030 OFFICE PARK DR , BAKERSFIELD CA 93309	661-323-2847	661-323-2261
HINDI	OFFICE 1	1980 CECIL AVE , DELANO CA 93215	661-323-2847	

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FONTE NANETTE, C**

**Group Affiliation: ANTELOPE VALLEY NEPHROLOGY MEDICAL GROUP**

Language(s) **SPANISH**  
**TAGALOG**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1759 W AVE J STE 101, LANCASTER CA 93534</b>	<b>661-948-1388</b>	<b>661-948-1223</b>

---

**WIN YIN, L**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>625 34TH ST STE 100 &amp; 200, BAKERSFIELD CA 93301</b>	<b>833-678-2781</b>	<b>661-368-0618</b>

---

**KAMATH SONIA,**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>625 34TH ST STE 100 &amp; 200, BAKERSFIELD CA 93301</b>	<b>833-678-2781</b>	<b>661-368-0618</b>

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KATIBAH IBRAHIM,**

Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s) SPANISH  
ARABIC

Office #	Street:	Phone:	Fax:
OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
OFFICE 1	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	
OFFICE 3	900 DOUTY ST STE B, HANFORD CA 90278	559-228-6600	559-226-3709

---

**PARIMOO NAKUL,**

Group Affiliation: CLINICA SIERRA VISTA

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

---

**ALI SLAMAT,**

Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s) SPANISH  
PUNJABI

Office #	Street:	Phone:	Fax:
OFFICE 1	3933 COFFEE RD STE B, BAKERSFIELD CA 93308	559-228-6600	559-226-3709
OFFICE 1	432 LEXINGTON ST STE A, DELANO CA 93215	559-228-6600	
OFFICE 3	6621 LAKE ISABELLA BLVD , LAKE ISABELLA CA 93240	559-228-6600	559-226-3709

---

### NEURO OPHTHALMOLOGY



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**TAWANSY KHALED, A**

Group Affiliation: **KHALED A. TAWANSY, M.D., INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2000 PHYSICIANS BLVD STE 100, BAKERSFIELD CA 93301	661-846-4985	661-846-3930
SPANISH				
ARABIC				
FRENCH				

---

**CHANG DANIEL, H**

Group Affiliation: **ACE EYECARE, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1721 WESTWIND DR STE B, BAKERSFIELD CA 93301	661-215-1006	661-324-1172
	OFFICE 1	4101 EMPIRE DR STE 120, BAKERSFIELD CA 93309	661-325-3937	

---

**KAO ANDREW, A**

Group Affiliation: **ACE EYECARE, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1721 WESTWIND DR STE B, BAKERSFIELD CA 93301	661-215-1006	661-324-1172
SPANISH				
CANTONESE	OFFICE 1	4101 EMPIRE DR STE 120, BAKERSFIELD CA 93309	661-325-3937	
MANDARIN				

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HAIR DAVID, B**

Group Affiliation: **BAKERSFIELD EYE INSTITUTE, INC.**

Language(s) **SPANISH, VIETNA**

Office # Street:

Phone:

Fax:

**OFFICE 1 7508 MEANY AVE , BAKERSFIELD CA 93308**

**661-589-9400**

**661-589-9499**

---

### NEUROLOGICAL SURGERY

**ROSENTHAL PHILIP,**

Group Affiliation: **PHILIP ROSENTHAL MD PC**

Language(s) **SPANISH**  
**SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 2323 16TH ST STE 407, BAKERSFIELD CA 93301**

**661-741-0924**

**661-741-0930**

---

**LERAMO OLUSEGUN, B**

Group Affiliation: **MAJID RAHIMIFAR, M.D., INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 2601 OSWELL ST STE 101, BAKERSFIELD CA 93306**

**661-872-9999**

**661-872-9988**

---

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RAHIMIFAR MAJID,**

**Group Affiliation: MAJID RAHIMIFAR, M.D., INC.**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2601 OSWELL ST STE 101, BAKERSFIELD CA 93306</b>	<b>661-872-9999</b>	<b>661-872-9988</b>

---

**SERXNER BENJAMIN, J**

**Group Affiliation: BENJAMIN SERXNER, M.D., INC.**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301</b>	<b>661-632-7126</b>	<b>661-324-3606</b>

---

**ECKERMANN JAN, M**

**Group Affiliation: KERN NEUROSURGICAL INSTITUTE, INC.**

Language(s) **SPANISH**  
**GERMAN**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>5329 OFFICE CENTRE CT STE 110, BAKERSFIELD CA 93309</b>	<b>661-843-7880</b>	<b>661-843-7882</b>

---

**NEUROLOGY**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**JANAKIRAMAN VENKATESH,**

Group Affiliation: JEY NEURO CENTER, INC

Language(s) **SPANISH**  
**TAMIL**  
**HINDI**

Office #	Street:	Phone:	Fax:
OFFICE 1	3400 CALLOWAY DR STE 100, BAKERSFIELD CA 93312	661-776-3876	661-766-3876

**SAREMI KAVEH,**

Group Affiliation: MAJID RAHIMIFAR, M.D., INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2601 OSWELL ST STE 101, BAKERSFIELD CA 93306	661-872-9999	661-872-9988

**BANASH SHAWN,**

Group Affiliation: UNITED NEUROSCIENCE, INC

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301	661-632-7126	661-324-3606
OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-324-0500	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KUNHI VEEDU HARI PRASAD,**

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301	661-632-7126	661-324-3606
OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-324-0500	

**THOMAS KIRON,**

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301	661-632-7126	661-324-3606
OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-324-0500	

**LABIB SAMEH, S**

Group Affiliation: **KERN COUNTY NEUROLOGICAL MEDICAL GROUP, INC.**

Language(s) **SPANISH, ARABIC**  
**ARABIC**

Office #	Street:	Phone:	Fax:
OFFICE 1	2701 F ST , BAKERSFIELD CA 93301	661-322-3008	661-479-8250

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SALEHI HAMID, R**

Group Affiliation: **MAJID RAHIMIFAR, M.D., INC.**

Language(s) **SPANISH**  
**FARSI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2601 OSWELL ST STE 101, BAKERSFIELD CA 93306</b>	<b>661-872-9999</b>	<b>661-872-1915</b>

**BIRDI MAHEEP, S**

Group Affiliation: **MAHEEP SINGH BIRDI, M.D.**

Language(s) **SPANISH, TAGALO**  
**PUNJABI**  
**HINDI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>8307 BRIMHALL RD STE 1702, BAKERSFIELD CA 93312</b>	<b>661-432-7851</b>	<b>661-325-1202</b>

**SABETIAN KATAYOUN,**

Group Affiliation: **KATAYOUN SABETIAN MD INC**

Language(s)  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2323 16TH ST STE 206, BAKERSFIELD cA 93301</b>	<b>661-322-4601</b>	<b>661-322-6049</b>

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WANG YAWEN,**

Group Affiliation: **KERN COUNTY NEUROLOGICAL MEDICAL GROUP, INC.**

Language(s) **SPANISH, TAGALO  
MANDARIN**

Office #	Street:	Phone:	Fax:
OFFICE 1	1705 28TH ST , BAKERSFIELD CA 93301	661-322-3008	661-869-1834
OFFICE 1	1711 28TH ST STE A, BAKERSFIELD CA 93301	661-322-3008	

**RAGNA LAURA,**

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301	661-632-7126	
OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-324-0500	

**LIN JIAN, C**

Group Affiliation: **KERN COUNTY NEUROLOGICAL MEDICAL GROUP, INC.**

Language(s) **SPANISH, FILIPINO  
FILIPINO  
SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2701 F ST , BAKERSFIELD CA 93301	661-322-3008	661-479-8250

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PEDOUIM FARZIN, B**

**Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4300 BIRCH ST , LAKE ISABELLA CA 93240

760-379-1791

760-379-1793

---

**NATALI LUIS, C**

**Group Affiliation: MAHEEP SINGH BIRDI, M.D.**

Language(s) **SPANISH**  
**SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

8311 BRIMHALL RD STE 1903, BAKERSFIELD CA  
93312

661-432-7851

661-432-7852

---

**POPA THEODORE, O**

**Group Affiliation: UNITED NEUROSCIENCE, INC**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE 140, BAKERSFIELD CA  
93301

661-632-7126

661-324-3606

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DANDAMUDI VENKATA,**

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)	Office #	Street:	Phone:	Fax:
HINDU	OFFICE 1	3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301	661-632-7126	661-324-3606
	OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-324-0500	

**RAVI VINUTHA,**

Group Affiliation: **JEY NEURO CENTER, INC**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH TAGALOG HINDI	OFFICE 1	3400 CALLOWAY DR STE 100, BAKERSFIELD CA 93312	661-776-3876	661-766-3876

**ALEXAN-SHIRABAD RICHARD,**

Group Affiliation: **RICHARD ALEXAN, M.D., INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH FRENCH ARMENIAN  TURKISH	OFFICE 1	4900 COMMERCE DR STE A, BAKERSFIELD CA 93309	661-395-0900	661-395-0700

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### NUCLEAR MEDICINE

**GOULD-SIMON ARON, J**

**Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

### OBSTETRICS & GYNECOLOGY

**MAYER JONATHAN, J**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	925 G STREET , REEDLEY CA 93654	866-707-6664	661-746-9197

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**STEWART DEBRA, L**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) **SPANISH**

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**625 34TH ST STE 100 & 200, BAKERSFIELD CA  
93301**

**833-678-2781**

**661-368-0618**

---

**MANGAT RAMNEET, K**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) **HINDI, PUNJABI  
SPANISH**

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**625 34TH ST STE 100 & 200, BAKERSFIELD CA  
93301**

**833-678-2781**

**661-368-0618**

---

**SWANSON GARY,**

**Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**9300 N LOOP BLVD STE C, CALIFORNIA CITY CA  
93505**

**661-874-4050**

**888-977-1571**

---

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MERVIN ADDIAS, C**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

**THOR JANA, A**

Group Affiliation: **RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1011 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-499-3640	760-499-7229
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-499-3640	

**GHAI SONIA,**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HASHEMI EMAD, A**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

**GUERRA BILLIE, Y**

Group Affiliation: **RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1011 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-499-3640	760-499-7229
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

**VARNES KENNETH, J**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**IQBAL SAYEED,**

**Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9300 N LOOP BLVD STE C, CALIFORNIA CITY CA 93505	661-874-4050	866-572-7851

**MCDERMOTT ROXANNE, M**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

**GARCIA ANTONIO, L**

**Group Affiliation: KERN WOMEN'S HEALTH GROUP, INC.**

Language(s)  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2005 17TH ST , BAKERSFIELD CA 93301	661-322-6700	661-322-6707

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HAYES CARL, E**

**Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9300 N LOOP BLVD STE C, CALIFORNIA CITY CA 93505	661-874-4050	888-977-1571
OFFICE 1	12560 BORON AVE , BORON CA 93516	661-874-4050	

**ANUCHA CHIBUIKE, E**

**Group Affiliation: KERN RURAL WELLNESS CENTERS, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	146 N HILL ST , ARVIN CA 93203	661-855-4468	661-855-2024

**MANGAT CHARNPAL, S**

**Group Affiliation: CHARNPAL MANGAT, M.D. INC**

Language(s) **SPANISH**  
**PUNJABI**  
**HINDI**

Office #	Street:	Phone:	Fax:
OFFICE 1	2700 F ST STE 300 2ND FLR, BAKERSFIELD CA 93301	661-322-4902	661-322-4904

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DATTA BABITA,**

Group Affiliation: **INFUSION AND CLINICAL SERVICES, INC.**

Language(s) **SPANISH**  
**SPANISH**  
**HINDI**  
**PUNJABI**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>143 W KERN AVE , BAKERSFIELD CA 93250</b>	<b>661-310-1002</b>	<b>661-677-6008</b>

**BALDONADO JESUS, P**

Group Affiliation: **NORTH KERN-SOUTH TULARE HOSPITAL DISTRICT**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>1500 6TH AVE , DELANO CA 93215</b>	<b>661-725-1010</b>	<b>661-725-1117</b>

**MELLENDEZ PHILIPP, R**

Group Affiliation: **PHILIPP RAMON MELLENDEZ, MD**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>608 34TH ST , BAKERSFIELD CA 93301</b>	<b>661-325-7103</b>	<b>661-325-7132</b>



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FOK RANDOLPH, Y**

Group Affiliation: NATIONAL OB/GYN INC

Language(s) SPANISH  
SPANISH  
CHINESE

Office #	Street:	Phone:	Fax:
OFFICE 1	2330 TRUXTUN AVE STE A, BAKERSFIELD CA 93301	661-631-2330	661-322-7613

**MENDEZ DIEGO,**

Group Affiliation: OMNI FAMILY HEALTH

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	320 JAMES ST , SHAFTER CA 93263	866-707-6664	661-746-9197
OFFICE 1	1022 CALLOWAY DR , BAKERSFIELD CA 93312	886-707-6664	
OFFICE 3	4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93309	866-707-6664	661-746-9197

**DATTA BABITA,**

Group Affiliation: GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP

Language(s) SPANISH  
SPANISH  
HINDI  
PUNJABI

Office #	Street:	Phone:	Fax:
OFFICE 1	1217 7TH ST , WASCO CA 93308	661-758-5500	661-758-5511

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ANUCHA CHIBUIKE, E**

**Group Affiliation: VANGUARD MEDICAL CORPORATION**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	565 KERN ST , SHAFTER CA 93263	661-746-4937	855-200-2829

**LOPEZ JUAN, M**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	4900 CALIFORNIA AVE STE B100, BAKERSFIELD CA 93309	866-707-6664	661-758-8132
OFFICE 1	912 FREMONT ST , DELANO CA 93215	866-707-6664	
OFFICE 3	320 JAMES ST , SHAFTER CA 93263	866-707-6664	661-730-7655

**SHAKESPEARE CARY, S**

**Group Affiliation: GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	1217 7TH ST , WASCO CA 93280	661-758-5500	661-758-5511

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ANUCHA CHIBUIKE, E**

**Group Affiliation: CHIBUIKE ENYEREIBE ANUCHA MD, PC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3941 SAN DIMAS ST STE 104, BAKERSFIELD CA  
93301

661-637-1006

661-634-1020

---

**SAUTTER CASEY, L**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

6107 N 1ST ST , FRESNO CA 93710

866-707-6664

661-459-1974

---

**ALLEN EDWARD, C**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE A200, BAKERSFIELD CA  
93301

661-654-0200

661-326-1633

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**RATL MRAD YASSER, S**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**ARABIC**

Office #	Street:	Phone:	Fax:
OFFICE 1	1022 CALLOWAY DR , BAKERSFIELD CA 93312	866-707-6664	661-746-9197
OFFICE 1	210 N CHESTER AVE , BAKERSFIELD CA 93308	866-707-6664	
OFFICE 3	1100 4TH ST BLDG A, TAFT CA 93268	866-707-6664	661-763-1281
OFFICE 4	4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313	866-707-6664	661-630-7750

**SHARMA RAHUL,**

Group Affiliation: **RAHUL SHARMA MD., INC.**

Language(s) **SPANISH**  
**HINDI**  
**PUNJABI**  
  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9610 STOCKDALE HWY STE B, BAKERSFIELD CA 93311	661-664-0314	661-664-0997
OFFICE 1	1217 7TH ST , WASCO CA 93280	661-758-5500	
OFFICE 3	432 LEXINGTON ST , DELANO CA 93215	661-725-2512	

**SANYA RAHIMA, H**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**  
**SWAHILI**

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DHARMA KALAMANI,**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1 1011 N CHINA LAKE BLVD , RIDGECREST CA 93555 760-499-3640

760-499-7229

OFFICE 1 1081 N CHINA LAKE BLVD , RIDGECREST CA 93555 760-446-3551

**PEREZ LEONARD,**

**Group Affiliation: KERN WOMEN'S HEALTH GROUP, INC.**

Language(s) SPANISH  
SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1 2005 17TH ST , BAKERSFIELD CA 93301

661-322-6700

661-322-6707

**PEREZ LEONARD,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) SPANISH  
SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1 1201 JEFFERSON ST , DELANO CA 93215

661-721-0737

661-721-0738

OFFICE 1 2300 7TH ST , WASCO CA 93280

661-758-4184

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LOPEZ LUIS, F**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1701 STINE RD , BAKERSFIELD CA 93309	866-707-6664	661-746-9197
OFFICE 1	1022 CALLOWAY DR , BAKERSFIELD CA 93312	866-707-6664	
OFFICE 3	4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93312	866-707-6664	661-746-9197

---

**LASCANO MIGUEL, L**

Group Affiliation: **ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**  
**TAGALOG**

Office #	Street:	Phone:	Fax:
OFFICE 1	1201 JEFFERSON ST , DELANO CA 93215	661-721-0737	661-721-0738
OFFICE 1	2300 7TH ST , WASCO CA 93280	661-758-4184	

---

**DENNIS-JOHNSON DEBBIE, A**

Group Affiliation: **NORTH KERN-SOUTH TULARE HOSPITAL DISTRICT**

Language(s) **SPANISH**  
**SPANISH**  
**FRENCH**  
**HINDI**

Office #	Street:	Phone:	Fax:
OFFICE 1	1500 6TH AVE , DELANO CA 93215	661-725-1010	661-725-6940

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SRINIVAS VASANTHI,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1201 JEFFERSON ST , DELANO CA 93215	661-721-0737	661-721-0738
HINDI	OFFICE 1	2300 7TH ST , WASCO CA 93280	661-758-4184	
TAMIL				
SPANISH				

---

**DENNIS-JOHNSON DEBBIE, A**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1201 JEFFERSON ST , DELANO CA 93215	661-721-0737	661-721-0738
SPANISH	OFFICE 1	2300 7TH ST , WASCO CA 93280	661-758-4184	
FRENCH				
HINDI				

---

### OCCUPATIONAL THERAPY

**NEWBROUGH JANET, S**

**Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	3700 GOSFORD RD STE G, BAKERSFIELD CA 93309	661-326-1433	661-326-1032

---

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RAYNES REUBEN JAY, B**

**Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5337 TRUXTUN AVE , BAKERSFIELD CA 93309

661-328-0650

661-328-0654

---

**CHEN JANNET,**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7737 MEANY AVE STE B5, BAKERSFIELD CA 93308

661-377-1700

661-616-9199

---

**SANTANA MARIA,**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7737 MEANY AVE STE B5, BAKERSFIELD CA 93308

661-377-1700

661-616-9199

---



# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MATHER LINDA, K**

**Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-5520	661-328-0654

**BIAGTAN CZARINA, MR**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	7737 MEANY AVE STE B5, BAKERSFIELD CA 93308	661-377-1700	661-616-9199

**OBANDO HOWARD,**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	7737 MEANY AVE STE B5, BAKERSFIELD CA 93308	661-377-1700	661-616-9199

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BUSBY SAKAMOTO JENEE, P**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7737 MEANY AVE STE B5, BAKERSFIELD CA 93308

661-377-1700

661-616-9199

---

### OPHTHALMOLOGY

**SEE ROBERT, F**

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309

661-325-4393

661-322-8489

---

**ALEXANDRAKIS GEORGE,**

Group Affiliation: **GEORGE ALEXANDRAKIS, MD, INC.**

Language(s)

GREEK

Office #

Street:

Phone:

Fax:

OFFICE 1

1851 OAK ST STE B, BAKERSFIELD CA 93301

661-323-4200

661-215-1857

OFFICE 1

1420 HIGH ST STE B, DELANO CA 93215

661-323-4200

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CASTELLARIN ALESSANDRO, A**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

SPANISH  
ITALIAN

Office #  
OFFICE 1

Street:  
5555 BUSINESS PARK S STE 100, BAKERSFIELD CA  
93309

Phone:  
661-325-4393

Fax:  
661-322-8489

---

**DHOOT DILSHER, S**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

Office #  
OFFICE 1

Street:  
5555 BUSINESS PARK S STE 100, BAKERSFIELD CA  
93309

Phone:  
661-325-4393

Fax:  
661-322-8489

---

**YAPLEE STEVEN, M**

**Group Affiliation: GEORGE YAPLEE MEDICAL CENTER, INC., A PROFESSIONAL CORPORATION**

Language(s)

SPANISH

Office #  
OFFICE 1  
OFFICE 1

Street:  
9700 BRIMHALL RD , BAKERSFIELD CA 93312  
1519 GARCES HWY STE 101, DELANO CA 93215

Phone:  
661-631-2020  
661-721-2020

Fax:  
661-829-8657

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**YANG DONG, D**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	661-322-8489

**KOUCHOUK AMR, M**

Group Affiliation: HOLLYWOOD EYE ASSOCIATES

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3801 SAN DIMAS ST BLDG A, BAKERSFIELD CA 93301	661-460-7640	661-457-9677

**PIERAMICI DANTE, J**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s)  
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	661-322-8489

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WALIA SANDEEP, B**

**Group Affiliation: SANDEEP S. WALIA, M.D. A PROFESSIONAL MEDICAL CORPORATION**

Language(s) **SPANISH, PUNJAB  
PUNJABI  
SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	215 CHINA GRADE LOOP , BAKERSFIELD CA 93308	661-393-2331	661-393-6284
OFFICE 1	11901 BOLTHOUSE DR STE 300-400, BAKERSFIELD CA 93311	661-393-2331	

**NASIR MA'AN, A**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s) **ARABIC**

Office #	Street:	Phone:	Fax:
OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	661-322-8489

**ARTYMOWICZ ANNA,**

**Group Affiliation: SANDEEP S. WALIA, M.D. A PROFESSIONAL MEDICAL CORPORATION**

Language(s) **SPANISH  
SPANISH  
POLISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	215 CHINA GRADE LOOP , BAKERSFIELD CA 93308	661-393-2331	661-393-2684
OFFICE 1	11901 BOLTHOUSE DR STE 300, BAKERSFIELD CA 93311	661-393-2331	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**AVERY ROBERT, L**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

SPANISH

Office #

OFFICE 1

Street:

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309

Phone:

661-325-4393

Fax:

661-322-8489

---

**KIM RICHARD, D J**

**Group Affiliation: RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP, A MEDICAL PARTNERSHIP**

Language(s)

KOREAN

Office #

OFFICE 1

Street:

2323 16TH ST STE 400, BAKERSFIELD CA 93301

Phone:

800-898-2020

Fax:

844-897-3788

---

**COUVILLION STEPHEN, S**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s) SPANISH

Office #

OFFICE 1

Street:

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309

Phone:

661-325-4393

Fax:

661-322-8489

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**TAWANSY KHALED, A**

**Group Affiliation: GOLDEN STATE EYE MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	6000 PHYSICIANS BLVD STE D205, BAKERSFIELD CA 93301	661-327-4499	661-327-4381
SPANISH				
ARABIC				
 FRENCH				

---

**LEARNED DANIEL, L**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	661-322-8489

---

**CHAWLA ANUJ,**

**Group Affiliation: RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP, A MEDICAL PARTNERSHIP**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	9500 STOCKDALE HWY STE 108, BAKERSFIELD CA 93311	661-663-8500	661-663-8688
	OFFICE 1	137 S ASPEN CT STE C, VISALIA CA 93291	559-733-7024	
	OFFICE 3	2323 16TH ST STE 400, BAKERSFIELD CA 93301	661-479-0757	661-634-8044

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**STEINLE NATHAN, C**

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309</b>	<b>661-325-4393</b>	<b>661-322-8489</b>

---

### OPTOMETRY

**ABBASI DAVOUD,**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>625 34TH ST STE 100 &amp; 200, BAKERSFIELD CA 93301</b>	<b>833-678-2781</b>	<b>661-368-0618</b>

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FUKUI KOREY, T**

Group Affiliation: **GOLDEN STATE EYE MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	6000 PHYSICIANS BLVD STE D205, BAKERSFIELD CA 93301	661-327-4499	661-327-4381

---

**GRAZIANO SABRINA, P**

Group Affiliation: **BESPECTACLED EYE CARE OPTOMETRIC CORP**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	5603 AUBURN ST STE A, BAKERSFIELD CA 93306	661-489-7765	661-246-3566

---

**WORK ROSEANNE,**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**TRUONG LINDA, N**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2000 PHYSICIANS BLVD , BAKERSFIELD CA 93301	661-324-1455	661-324-3720
VIETNAMESE				
SPANISH				

**NGUYEN ALAIN, H**

Group Affiliation: **ALAIN NGUYEN, PROFESSIONAL OPTOMETRIC CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	3880 GOSFORD RD STE 200, BAKERSFIELD CA 93309	661-396-7772	661-396-7773
VIETNAMESE				
SPANISH	OFFICE 1	2020 NILES ST UNIT A, BAKERSFIELD CA 93305	661-871-7770	

**NGO LINH, A**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618
VIETNAMESE				

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PARK KYUNG, C**

Group Affiliation: **GOLDEN STATE EYE MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	6000 PHYSICIANS BLVD STE 205, BAKERSFIELD CA 93301	661-327-4499	661-327-4381

**KALBAKJI NATALY,**

Group Affiliation: **RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP, A MEDICAL PARTNERSHIP**

Language(s) **SPANISH**  
**ARABIC**

Office #	Street:	Phone:	Fax:
OFFICE 1	2323 16TH ST STE 400, BAKERSFIELD CA 93301	800-898-2020	844-897-3788

**ARDIS JAMES, J**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2101 7TH ST , WASCO CA 93280	866-707-6664	661-746-9197
OFFICE 1	525 ROBERTS LN , BAKERSFIELD CA 93308	866-707-6664	
OFFICE 3	4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313	866-707-6664	661-746-9197
OFFICE 4	1701 STINE RD , BAKERSFIELD CA 93309	866-707-6664	661-746-9197

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**REBER DOUGLAS, C**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	525 ROBERTS LN , BAKERSFIELD CA 93308	866-707-6664	661-746-9197
OFFICE 1	2101 7TH ST STE B, WASCO CA 93280	866-707-6664	
OFFICE 3	4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313	866-707-6664	661-746-9197
OFFICE 4	1701 STINE RD , BAKERSFIELD CA 93309	866-707-6664	661-746-9197

---

**LI JANE, Y**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2101 7TH ST , WASCO CA 93280	866-707-6664	661-758-8132
OFFICE 1	525 ROBERTS LN , BAKERSFIELD CA 93308	866-707-6664	
OFFICE 3	4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313	866-707-6664	661-630-7750
OFFICE 4	1701 STINE RD , BAKERSFIELD CA 93309	866-707-6664	661-746-9197

---

**BANDAK DIANA,**

Group Affiliation: **RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP, A MEDICAL PARTNERSHIP**

Language(s)  
**ARABIC**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2323 16TH ST STE 400, BAKERFIELD CA 93301	800-898-2020	844-897-3788

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BUCKLEY MARTHA, P**

**Group Affiliation: GOLDEN STATE EYE MEDICAL GROUP, INC.**

Language(s) **SPANISH**  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>6000 PHYSICIANS BLVD STE D205, BAKERSFIELD CA 93301</b>	<b>661-327-4499</b>	<b>661-327-4381</b>

---

**PANSAWIRA IRIN,**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) **SPANISH**  
**INDONESIAN**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>625 34TH ST STE 100 &amp; 200, BAKERSFIELD CA 93301</b>	<b>661-324-1455</b>	<b>833-678-2781</b>

---

### ORAL/MAXILLOFACIAL SURGERY

**WOO BRIAN, M**

**Group Affiliation: OMFS CARE CENTER PARTNERS**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>215 N FRESNO ST STE 490, FRESNO CA 93701</b>	<b>559-459-6114</b>	<b>559-459-5744</b>

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**JULIAN ROBERT, S**

Group Affiliation: **ROBERT S. JULIAN, D.D.S., M.D., INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	215 N FRESNO ST STE 490, FRESNO CA 93701	559-459-4101	559-459-5744

**GOLDSTEIN JEFFREY, S**

Group Affiliation: **OMFS CARE CENTER PARTNERS**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	215 N FRESNO ST STE 490, FRESNO CA 93701	559-459-6114	559-459-5744

**ZAIDI AHMED, B**

Group Affiliation: **OMFS CARE CENTER PARTNERS**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	215 N FRESNO ST STE 490, FRESNO CA 93701	559-459-6114	559-459-5744

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ZAKHARY GEORGE, M**

Group Affiliation: **OMFS CARE CENTER PARTNERS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

215 N FRESNO ST STE 490, FRESNO CA 93701

559-459-6114

559-459-5744

---

**ORTHOPAEDIC SURGERY**

**SRIVASTAVA PRAMOD, K**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

590 W PUTNAM AVE , PORTERVILLE CA 93257

559-781-3700

559-781-4131

---

**SHAPIRO TODD,**

Group Affiliation: **REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

5201 TRUXTUN AVE , BAKERSFIELD CA 93309

661-328-5565

661-328-5573

---

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SRIVASTAVA KARAN,**

**Group Affiliation: KARAN SRIVASTAVA**

Language(s) **SPANISH, TAGALO**  
**SPANISH**  
**HINDI**

Office #	Street:	Phone:	Fax:
OFFICE 1	9610 STOCKDALE HWY STE C, BAKERSFIELD CA 93311	661-544-3352	661-544-3432
OFFICE 1	5300 LENNOX AVE STE 104, BAKERSFIELD CA 93309	661-544-3352	
OFFICE 3	432 LEXINGTON ST STE C, DELANO CA 93215	661-544-3352	661-544-3432
OFFICE 4	110 N D ST , PORTERVILLE CA 93257	661-544-3352	661-725-5030

---

**SRIVASTAVA PRAMOD, K**

**Group Affiliation: PRAMOD K. SRIVASTAVA**

Language(s) **SPANISH, TAGALO**  
**HINDI**

Office #	Street:	Phone:	Fax:
OFFICE 1	432 LEXINGTON ST STE C, DELANO CA 93215	661-725-0713	661-721-2629

---

**UNAL BERKAY,**

**Group Affiliation: BERKAY UNAL MD PC**

Language(s) **SPANISH, TURKIS**  
**TURKISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	300 OLD RIVER RD STE 200, BAKERSFIELD CA 93311	661-664-2300	661-663-6259

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SCHOPLER STEVEN, A**

**Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>5201 TRUXTUN AVE , BAKERSFIELD CA 93309</b>	<b>661-328-5565</b>	<b>661-328-5573</b>

---

**WAHBA GEORGE, M**

**Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS**

Language(s) **SPANISH**  
**ARABIC**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>300 OLD RIVER RD STE 200, BAKERSFIELD CA 93311</b>	<b>661-664-2300</b>	<b>661-663-6711</b>

---

**WAHBA GEORGE, M**

**Group Affiliation: GEORGE M. WAHBA, M.D., INC.**

Language(s) **SPANISH**  
**ARABIC**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>300 OLD RIVER RD STE 200, BAKERSFIELD CA 93311</b>	<b>661-664-2300</b>	<b>661-663-6711</b>

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BALCH KARL, R**

Group Affiliation: **REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

---

**GRIMES JAMES, B**

Group Affiliation: **KERN BONE AND JOINT SPECIALISTS - A MEDICAL GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	9330 STOCKDALE HWY STE 600, BAKERSFIELD CA 93311	661-324-2491	661-324-1045

---

**MERRIMAN JARRAD,**

Group Affiliation: **REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SAMTANI RAHUL, G**

Group Affiliation: **REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

**HASHEMI MOHAMMAD, T**

Group Affiliation: **ULTIMATE FAMILY ORTHOPAEDICS (UFO), INC.**

Language(s)

**FARSI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	8307 BRIMHALL RD STE 1703, BAKERSFIELD CA 93312	661-401-5500	877-643-3293

**HERNANDEZ JAIME, D**

Group Affiliation: **REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573
OFFICE 1	6815 NOBLE AVE , VAN NUYS CA 91405	818-901-6600	

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HAMILTON CHRISTOPHER, D**

**Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

**SAIED FADI, S**

**Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

**FERKEL ERIC, I**

**Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573
OFFICE 1	6815 NOBLE AVE , VAN NUYS CA 91405	818-901-6600	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DESAI HEALTHY, J**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1041 N CHINA LAKE BLVD STE B, RIDGECREST CA 93555	760-446-8692	760-446-8694
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

**OLUYEDE OLUWADAMILOLA,**

**Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

**COPPOLA ALFRED, J**

**Group Affiliation: ALFRED J. COPPOLA, JR. M.D., INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	300 OLD RIVER RD STE 200, BAKERSFIELD CA 93311	661-664-2300	661-663-6711

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MALERICH MATTHEW, M**

Group Affiliation: **MATTHEW M. MALERICH, M.D., INCORPORATED**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

9300 STOCKDALE HWY STE 300, BAKERSFIELD CA  
93311

661-664-2200

661-664-6206

---

**COPPOLA ALFRED, J**

Group Affiliation: **PACIFIC CENTRAL COAST HEALTH CENTERS**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-664-2300

661-663-6259

---

**SCHAMBLIN MARK, L**

Group Affiliation: **REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

5201 TRUXTUN AVE , BAKERSFIELD CA 93309

661-328-5565

661-328-5573

---

**ORTHOPEDIC SURGERY**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NAYYAR SAMIR,**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1041 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-0121	760-446-0734
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

**TAN TIMOTHY, L**

**Group Affiliation: PORTERVILLE COMMUNITY PHYSICIANS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	465 W PUTNAM AVE , PORTERVILLE CA 93257	559-784-1110	
OFFICE 1	400 W MINERAL KING AVE , VISALIA CA 93291	559-624-2000	
OFFICE 3	263 PEARSON DR , PORTERVILLE CA 93257	559-784-1110	

**AHMADI SHAHRYAR,**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1041 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-0121	760-446-0734
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

---

**OTOLARYNGOLOGY HEAD AND NECK SURGERY**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**VADAPALLI SATISH, R**

**Group Affiliation: SATISH R. VADAPALLI, MD, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4100 EMPIRE DR STE 120, BAKERSFIELD CA 93309	661-259-2500	661-362-0228

**DUARTE VICTOR, M**

**Group Affiliation: OMFS CARE CENTER PARTNERS**

Language(s)  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	215 N FRESNO ST STE 490, FRESNO CA 93701	559-459-6114	559-459-5744

**SHETE MONA,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE B231, BAKERSFIELD CA 93301	661-665-0505	661-864-2190

**PAIN MANAGEMENT**



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DE SILVA UDAYA, S**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	105 E SYDNOR AVE STE 100, RIDGECREST CA 93555	760-463-8930	760-463-8931

**WASHINGTON DEIRDRE,**

**Group Affiliation: WASHINGTON & ASSOCIATES**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5329 OFFICE CENTER CT STE 110, BAKERSFIELD CA 93309	661-862-8582	661-852-8582

**WILSON CHRISTOPHER, E**

**Group Affiliation: PAIN INSTITUTE OF CENTRAL CALIFORNIA INC.**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9802 STOCKDALE HWY STE 105, BAKERSFIELD CA 93311	661-665-7880	661-665-7811

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KHOURY PHILIP, G**

Group Affiliation: **PHILIP G. KHOURY, D.O., INC.**

Language(s) **SPANISH**  
**ARABIC**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>3850 RIVERLAKES DRIVE STE B, BAKERSFIELD CA 93312</b>	<b>661-241-9338</b>	<b>661-402-3540</b>

**PALENCIA ARTURO, E**

Group Affiliation: **PAIN INSTITUTE OF CENTRAL CALIFORNIA INC.**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>9802 STOCKDALE HWY STE 105, BAKERSFIELD CA 93311</b>	<b>661-665-7880</b>	<b>661-665-7811</b>

**MOZINGO RALPH, D**

Group Affiliation: **HULLANDER AND MOZINGO LP**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>2901 SILLECT AVE STE 200, BAKERSFIELD CA 93308</b>	<b>661-401-6150</b>	<b>805-563-0364</b>

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### PAIN MEDICINE

**LIN BINGTAO,**

Group Affiliation: JANARDHAN GRANDHE, MD, A MEDICAL CORPORATION

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	6401 TRUXTUN AVE , BAKERSFIELD CA 93309	661-327-9300	661-333-4042
SPANISH	OFFICE 1	1663 E PROSPERITY AVE , TULARE CA 93274	559-684-4246	
CHINESE	OFFICE 3	1805 E FIR AVE , FRESNO CA 93720	559-321-8510	559-321-8512

---

**PIRES DAVID, C**

Group Affiliation: HULLANDER AND MOZINGO LP

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2901 SILLECT AVE STE 200, BAKERSFIELD CA 93308	661-401-6150	805-563-0364
SPANISH				
PORTUGUESE				

---

**HULLANDER ROBERT, M**

Group Affiliation: HULLANDER AND MOZINGO LP

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2901 SILLECT AVE STE 200, BAKERSFIELD CA 93308	661-401-6150	805-563-0364

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### PEDIATRICS

**YOUNG MATT, N**

Group Affiliation: **GROSSMAN MEDICAL GROUP, INC.**

Language(s)

SPANISH

Office #

OFFICE 1

Street:

420 34TH ST , BAKERSFIELD CA 93301

Phone:

661-633-2876

Fax:

661-327-0576

---

### PHYSICAL MEDICINE AND REHABILITATION

**LIMJOCO BETTINA, T**

Group Affiliation: **MAJID RAHIMIFAR, M.D., INC.**

Language(s) SPANISH

Office #

OFFICE 1

Street:

2601 OSWELL ST STE 101, BAKERSFIELD CA 93306

Phone:

661-872-9999

Fax:

661-872-9988

---

**CULL DEEPHI,**

Group Affiliation: **DEEPHI CULL MD PC**

Language(s)

Office #

OFFICE 1

Street:

5001 COMMERCE DR , BAKERSFIELD CA 93309

Phone:

661-323-5500

Fax:

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ANDERSON BRADFORD, A**

**Group Affiliation: BRADFORD ANDERSON, MD, INC., A PROFESSIONAL CORPORATION**

Language(s) **SPANISH**  
**SPANISH**

Office # **Street:**  
**OFFICE 1 2203 19TH ST , BAKERSFIELD CA 93301**

**Phone:**  
**661-616-5726**

**Fax:**  
**661-873-4664**

---

### PHYSICAL THERAPY

**SIMUNOVIC BLASENKO,**

**Group Affiliation: PHYS MED. A PHYSICAL THERAPY CORPORATION**

Language(s) **SPANISH**

Office # **Street:**  
**OFFICE 1 7033 N FRESNO ST STE 202, FRESNO CA 93720**

**Phone:**  
**559-438-4300**

**Fax:**  
**559-438-4339**

---

**DEVRIES BLAKE,**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office # **Street:**  
**OFFICE 1 2838 OSWELL ST , BAKERSFIELD CA 93306**

**Phone:**  
**661-377-1700**

**Fax:**  
**661-616-9199**

---

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LI WALTER CHUNG, K**

**Group Affiliation: ALPHA DYNAMIC PHYSICAL THERAPY**

Language(s)

CHINESE  
CANTONESE

Office #

OFFICE 1

Street:

1004 14TH AVE , DELANO CA 93215

Phone:

661-474-2600

Fax:

661-474-2601

---

**LEMOINE JUSTIN, J**

**Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.**

Language(s) SPANISH

Office #

OFFICE 1

Street:

5337 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-324-0122

Fax:

661-328-0654

OFFICE 1

3400 PANAMA LN STE R, BAKERSFIELD CA 93309

661-328-0650

---

**SALPEKAR ASHWINI,**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

OFFICE 1

Street:

1800 WESTWIND DR STE 500, BAKERSFIELD CA  
93301

Phone:

661-377-1700

Fax:

661-616-9199

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ROUS DAVID, L**

**Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1201 23RD ST , BAKERSFIELD CA 93301	661-327-4357	661-327-1758
OFFICE 1	3700 GOSFORD RD , BAKERSFIELD CA 93309	661-832-9737	
OFFICE 3	9501 FLUSHING QUAIL RD , BAKERSFIELD CA 93312	661-589-9066	661-589-4209

---

**DIEBEL JOSHU, C**

**Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1201 23RD ST , BAKERSFIELD CA 93301	661-327-4357	661-633-3957
OFFICE 1	3700 GOSFORD RD STE G, BAKERSFIELD CA 93309	661-327-4357	
OFFICE 3	200 CHINA GRADE LOOP , BAKERSFIELD CA 93308	661-615-6150	661-615-6151
OFFICE 4	9501 FLUSHING QUAIL RD , BAKERSFIELD CA 93312	661-589-9066	661-589-4209

---

**RAMOS DELIA,**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	7737 MEANY AVE STE B5, BAKERSFIELD CA 93308	661-377-1700	661-616-9199

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BLACK STEPHANIE, A**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2838 OSWELL ST , BAKERSFIELD CA 93306

661-377-1700

661-616-9199

---

**LATTA BRITTANY, A**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

815 TUCKER RD SUITE C, TEHACHAPI CA 93561

661-377-1700

661-616-9199

---

**KROEKER BYRON, L**

Group Affiliation: **GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

701 CENTRAL VALLEY HIGHWAY STE B, SHAFTER  
CA 93263

661-237-6100

661-237-6105

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NEWTON REBECCA, M**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	7737 MEANY AVE STE B5, BAKERSFIELD CA 93308	661-377-1700	661-616-9199

**CRANE-SMITH RACHEL, K**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	7737 MEANY AVE STE B5, BAKERSFIELD CA 93308	661-377-1700	661-616-9199

**SHEFFIELD SAMUEL, B**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4004 PANAMA LN STE 100, BAKERSFIELD CA 93313	661-377-1700	661-616-9199

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PHAM JOVIANNE, M**

**Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3700 GOSFORD RD STE G, BAKERSFIELD CA 93309

661-832-9737

661-832-9738

---

**OBREGON OSCAR,**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1800 WESTWIND DR STE 500, BAKERSFIELD CA  
93301

661-377-1700

661-616-9199

---

**PADILLA FRANCISCO,**

**Group Affiliation: PADILLA PHYSICAL THERAPY & FITNESS INCORPORATED**

Language(s) SPANISH

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

1420 7TH ST , WASCO CA 93280

661-446-4050

661-215-5635

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MONROE WILLIAM, B**

Group Affiliation: **GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9501 FLUSHING QUAIL RD STE 8 9 10, BAKERSFIELD CA 93312	661-589-9066	661-589-4209
OFFICE 1	3700 GOSFORD RD , BAKERSFIELD CA 93309	661-832-9737	

---

**MOMI STEVEN,**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3400 CALLOWAY DR STE 603, BAKERSFIELD CA 93312	661-377-1700	661-616-9199

---

**PAIR ROBERT, D**

Group Affiliation: **PAIR & MAROTTA PHYSICAL THERAPY, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	20418 BRIAN WAY UNIT 5, TEHACHAPI CA 93561	661-822-5483	661-822-6331
OFFICE 1	2603 G ST , BAKERSFIELD CA 93301	661-634-9440	
OFFICE 3	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	661-328-0654
OFFICE 4	2601 OSWELL ST STE 105, BAKERSFIELD CA 93306	661-871-5908	661-328-0654

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MILLER JENNIFER, A**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

11206 OLIVE DR , BAKERSFIELD CA 93312

661-377-1700

661-616-9199

---

**ROGERS TAYLOR, D**

Group Affiliation: **PHYS MED. A PHYSICAL THERAPY CORPORATION**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1350 O ST STE 201, FRESNO CA 93721

559-478-5327

559-478-5715

OFFICE 1

7033 N FRESNO ST STE 202, FRESNO CA 93720

559-438-4300

---

**PEEPLES SYDNEY, B**

Group Affiliation: **GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

9501 FLUSHING QUAIL RD , BAKERSFIELD CA  
93312

661-589-9066

661-589-4209

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LIU LIZA, O**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8800 STOCKDALE HWY STE 150, BAKERSFIELD CA 93311	661-377-1700	661-616-9199

**MAROTTA MICHAEL, J**

Group Affiliation: **PAIR & MAROTTA PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	661-328-0654
OFFICE 1	2603 G ST , BAKERSFIELD CA 93301	661-634-9440	
OFFICE 3	2601 OSWELL ST STE 105, BAKERSFIELD CA 93306	661-871-5908	661-328-0654
OFFICE 4	20418 BRIAN WAY , TEHACHAPI CA 93561	661-822-5483	661-328-0654

**DELLOTA CHRISTOPHER, A**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2838 OSWELL ST , BAKERSFIELD CA 93306	661-377-1700	661-616-9199

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DELLOTA MA CLARISSA, A**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	7737 MEANY AVE STE B5, BAKERSFIELD CA 93308	661-377-1700	661-616-9199

**CAUDILLO PAUL, C**

**Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.**

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	3400 PANAMA LN STE R, BAKERSFIELD CA 93313	661-412-4667	661-836-5389
OFFICE 1	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	
OFFICE 3	2603 G ST , BAKERSFIELD CA 93301	661-634-9440	661-634-9506
OFFICE 4	2601 OSWELL ST STE 105, BAKERSFIELD CA 93306	661-871-5908	661-871-5647

**KIMBER BRENDON, R**

**Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.**

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2603 G ST , BAKERSFIELD CA 93301	661-634-9440	661-328-0654
OFFICE 1	1160 E LERDO HWY UNIT G, SHAFTER CA 93263	661-554-3885	

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GILL JAGJEET,**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

13019 STOCKDALE HWY STE 500, BAKERSFIELD  
CA 93314

661-377-1700

661-616-9199

---

**EATON DAVID,**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2838 OSWELL ST , BAKERSFIELD CA 93306

661-377-1700

661-616-9199

---

**CREESE CANNON, R**

Group Affiliation: **GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

9501 FLUSHING QUAIL RD STE 10, BAKERSFIELD  
CA 93312

661-589-9066

661-589-4209

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GALERO CRISTINE, J**

Group Affiliation: **GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3700 GOSFORD RD STE G, BAKERSFIELD CA 93309

661-832-9737

661-832-9738

---

**BANKSTON JENNIFER,**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

815 TUCKER RD STE C, TEHACHAPI CA 93561

677-377-1700

661-616-9199

---

**KIRPALANI MAYA, M**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7737 MEANY AVE STE B5, BAKERSFIELD CA 93308

661-377-1700

661-616-9199

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**VASHER KYLE, M**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4004 PANAMA LN STE 100, BAKERSFIELD CA 93313	661-377-1700	661-616-9199

**VEISS ANDRIS, L**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1430 HIGH ST , DELANO CA 93215	661-377-1700	661-616-9199

**ANGELO JENNIFER, L**

**Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.**

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	4605 BUENA VISTA RD STE 690, BAKERSFIELD CA 93311	661-282-8737	661-735-5581

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GAITONDE SATISH, S**

Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2603 G ST , BAKERSFIELD CA 93301	661-871-5908	661-328-0654
HINDI	OFFICE 1	2601 OSWELL ST STE 105, BAKERSFIELD CA 93306	661-871-5908	
MARATHI	OFFICE 3	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	661-328-0654
KONKANI	OFFICE 4	1160 E LERDO HWY UNITE G, SHAFTER CA 93263	661-554-3885	

---

**KIRSCHENMANN RYAN, T**

Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	661-328-0654

---

**ADVINCULA BERNADETTE,**

Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	3400 PANAMA LN STE R, BAKERSFIELD CA 93313	661-412-4667	661-836-5389

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**THIND GURMANN,**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7900 DISTRICT BLVD STE A, BAKERSFIELD CA  
93313

661-377-1700

661-616-9199

---

**GREEN DALE, T**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3400 CALLOWAY DR STE 603, BAKERSFIELD CA  
93312

661-377-1700

661-616-9199

---

**WATERHOUSE DAWN, L**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1800 WESTWIND DR STE 500, BAKERSFIELD CA  
93301

661-377-1700

661-616-9199

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WINGATE KURT, T**

Group Affiliation: **GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1201 23RD ST , BAKERSFIELD CA 93301	661-327-4357	661-633-3957
OFFICE 1	3700 GOSFORD RD , BAKERSFIELD CA 93309	661-832-9737	
OFFICE 3	9501 FLUSHING QUAIL RD , BAKERSFIELD CA 93312	661-589-9066	661-589-4209

---

**WRIGHT MITCHELL, L**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	7900 DISTRICT BLVD STE A, BAKERSFIELD CA 93313	661-377-1700	661-616-9199

---

**BAILEY DYLAN,**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	7900 DISTRICT BLVD STE A, BAKERSFIELD CA 93313	677-377-1700	661-616-9199

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GONZALEZ JOSEPH,**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3400 CALLOWAY DR STE 603, BAKERSFIELD CA 93312	661-377-1700	661-616-9199
OFFICE 1	1430 HIGH ST , DELANO CA 93215	661-377-1700	

**ZABALA KEITH, R**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2838 OSWELL ST , BAKERSFIELD CA 93306	661-377-1700	661-616-9199

**VISTO MACARIO, JM**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8800 STOCKDALE HWY STE 150, BAKERSFIELD CA 93311	661-337-1700	661-616-9199

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**TAKII BRUCE,**

**Group Affiliation: CHADAM ASSOCIATIES, A PHYSICAL THERAPY CORPORATION**

Language(s) **SPANISH**

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**337 S 10TH ST STE G, TAFT CA 93268**

**661-763-4194**

**661-763-5792**

---

**ESKEW JARED, J**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**13019 STOCKDALE HWY STE 500, BAKERSFIELD  
CA 93314**

**661-377-1700**

**661-616-9199**

---

**STEWART PAULINE,**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**4004 PANAMA LN STE 100, BAKERSFIELD CA  
93313**

**661-377-1700**

**661-616-9199**

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SUBRAMANIAN SUDHA,**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	7737 MEANY AVE STE B5, BAKERSFIELD CA 93308	661-377-1700	661-616-9199

---

**FARRIS RYAN,**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3400 CALLOWAY DR BLDG 603, BAKERSFIELD CA 93312	661-377-1700	661-616-9199

---

**HARRIS CARYN, A**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	7737 MEANY AVE STE B5, BAKERSFIELD CA 93308	661-377-1700	661-616-9199

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**JOHNSON ERIKA, L**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

11206 OLIVE DR , BAKERSFIELD CA 93312

661-377-1700

661-616-9199

---

**JELMINI STEVEN, M**

Group Affiliation: **GLINN AND GIORDANO PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

3700 GOSFORD RD STE G, BAKERSFIELD CA 93309

661-832-9737

661-832-9738

---

**TAYLOR DAVID,**

Group Affiliation: **PHYS MED. A PHYSICAL THERAPY CORPORATION**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

7033 N FRESNO ST STE 202, FRESNO CA 93720

559-438-4300

559-438-4339

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NEWTON GREGORY, K**

**Group Affiliation: CHADAM ASSOCIATIES, A PHYSICAL THERAPY CORPORATION**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	337 S 10TH ST STE G, TAFT CA 93268	661-763-4194	661-763-5792

---

**TERRIO TIMOTHY, J**

**Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	11206 OLIVE DR , BAKERSFIELD CA 93312	661-377-1700	661-616-9199

---

**HERRERA FRESCO, O**

**Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**  
**TAGALOG**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	661-328-0654

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SUBURU ALISA, M**

Group Affiliation: **TERRIO PHYSICAL THERAPY-FITNESS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1800 WESTWIND DR STE 500, BAKERSFIELD CA  
93301

661-377-1700

661-616-9199

### PLASTIC SURGERY

**MAJIDIAN ALEXANDER, M**

Group Affiliation: **GROSSMAN MEDICAL GROUP, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

SPANISH

OFFICE 1

420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

**BAUGHMAN ETHAN, J**

Group Affiliation: **GROSSMAN MEDICAL GROUP, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

SPANISH

OFFICE 1

420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FREEMAN M. BRANDON,**

Group Affiliation: **M. BRANDON FREEMAN, MD, PHD, PC**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2701 CHESTER AVE STE 103, BAKERSFIELD CA 93301</b>	<b>661-808-4070</b>	<b>661-438-0358</b>

**GROSSMAN PETER, H**

Group Affiliation: **GROSSMAN MEDICAL GROUP, INC.**

Language(s)  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>420 34TH ST , BAKERSFIELD CA 93301</b>	<b>661-633-2876</b>	<b>661-327-0576</b>

**SAHAR DAVID, E**

Group Affiliation: **CALIFORNIA INSTITUTE OF COSMETIC & RECONSTRUCTIVE SURGERY, A MEDICAL CORPORATION**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2901 SILLECT AVE STE 201, BAKERSFIELD CA 93308</b>	<b>661-327-2101</b>	<b>661-327-2554</b>

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**EVANS BRIAN, N**

**Group Affiliation: GROSSMAN MEDICAL GROUP, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

**DEV VIPUL, R**

**Group Affiliation: CALIFORNIA INSTITUTE OF COSMETIC & RECONSTRUCTIVE SURGERY, A MEDICAL CORPORATION**

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

GUJARATI

OFFICE 1

2901 SILLECT AVE STE 201, BAKERSFIELD CA  
93308

661-327-2101

661-327-2554

HINDI

SPANISH

**NGUYEN THIEN-TRANG, J**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

105 E SYDNOR AVE STE 100, RIDGECREST CA  
93555

760-463-8930

760-463-8931

OFFICE 1

1081 N CHINA LAKE BLVD , RIDGECREST CA 93555 760-446-3551

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### PODIATRIC MEDICINE

**CHUANG SOHRABI CATHY,**

**Group Affiliation: STOCKDALE PODIATRY GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	4946 W MINERAL KING AVE , VISALIA CA 93291	559-624-1405	559-624-1746
CHINESE	OFFICE 1	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	

**PASABOC LIVIU, G**

**Group Affiliation: STOCKDALE PODIATRY GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
SPANISH	OFFICE 1	1519 GARCES HWY , DELANO CA 93215	661-725-1664	
ROMANIAN	OFFICE 3	1326 H ST STE 1, BAKERSFIELD CA 93301	661-832-1667	661-832-7145
GERMAN	OFFICE 4	1701 27TH ST , BAKERSFIELD CA 93301	661-832-1667	661-832-7145

**RIVELLO GEORGE, J**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	1041 N CHINA LAKE BLVD STE B, RIDGECREST CA 93555	760-446-0121	760-446-0734
	OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SPOHN-GROSS HOLLY, A**

**Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4300 BIRCH ST , LAKE ISABELLA CA 93241

760-379-1791

760-379-1793

---

**SPOHN-GROSS HOLLY, A**

**Group Affiliation: HOLLY A.SPOHN-GROSS, DPM**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

6425 LYNCH CANYON DR , LAKE ISABELLA CA  
93240

760-379-8630

760-379-7658

---

**TEELA JAMES, E**

**Group Affiliation: STOCKDALE PODIATRY GROUP, INC.**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

4946 W MINERAL KING AVE , VISALIA CA 93291

559-624-1405

559-624-1746

OFFICE 1

1086 N CHERRY ST , TULARE CA 93274

661-832-1667

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SPOHN-GROSS HOLLY, A**

Group Affiliation: **SIENNA MEDICAL CORPORATION**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>6425 LYNCH CANYON DR , LAKE ISABELLA CA 93240</b>	<b>760-379-8630</b>	<b>760-379-7658</b>

**KIM PAUL,**

Group Affiliation: **STOCKDALE PODIATRY GROUP, INC.**

Language(s) **SPANISH**  
**KOREAN**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>110 NEW STINE RD , BAKERSFIELD CA 93309</b>	<b>661-832-1667</b>	<b>661-832-7145</b>
<b>OFFICE 1</b>	<b>440 W PUTNAM AVE , PORTERVILLE CA 93257</b>	<b>559-784-3110</b>	
<b>OFFICE 3</b>	<b>1086 N CHERRY ST , TULARE CA 93274</b>	<b>661-832-1667</b>	<b>661-832-7145</b>

**NELSON TERRY, B**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**SPANISH**  
**JAPANESE**  
**FRENCH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>210 N CHESTER AVE , BAKERSFIELD CA 93308</b>	<b>866-707-6664</b>	<b>661-746-9197</b>
<b>OFFICE 1</b>	<b>4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313</b>	<b>866-707-6664</b>	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NELSON THOMAS, D**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH  
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1701 27TH ST , BAKERSFIELD CA 93301	661-322-2895	661-322-2897
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	
OFFICE 3	1519 GARCES HWY , DELANO CA 93215	661-725-1664	661-832-7145
OFFICE 4	1326 H ST STE 1, BAKERSFIELD CA 93301	661-322-2895	661-322-2897

---

**NELSON THOMAS, D**

Group Affiliation: CLINICA SIERRA VISTA

Language(s) SPANISH  
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	815 DR MARTIN LUTHER KING JR BLVD , BAKERSFIELD CA 93307	661-322-3905	661-322-1370
OFFICE 1	8787 HALL RD , LAMONT CA 93241	661-845-3731	

---

**FLORES MICHAEL, A**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	1519 GARCES HWY STE 107, DELANO CA 93215	661-725-1664	
OFFICE 3	8307 BRIMHALL RD STE 1704, BAKERSFIELD CA 93312	661-832-1667	661-832-7145
OFFICE 4	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	661-832-7145

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FLOREK DEREK, J**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	912 FREMONT ST , DELANO CA 93215	866-707-6664	661-237-6650
OFFICE 1	2101 7TH ST BLG A-F, WASCO CA 93280	866-707-6664	

**HUBER KYLE,**

Group Affiliation: **STOCKDALE PODIATRY GROUP, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	8307 BRIMHALL RD 1704, BAKERSFIELD CA 93312	661-832-1667	
OFFICE 3	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	661-832-7145

**KOUHKAN MEHRNAZ,**

Group Affiliation: **BARTZ-ALTADONNA COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9300 N LOOP BLVD STE C, CALIFORNIA CITY CA 93505	661-874-4050	888-977-1571

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KIM SOLOMON,**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	440 W PUTNAM AVE , PORTERVILLE CA 93257	559-784-3110	
OFFICE 3	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	661-832-7145

---

**LIN TZU LU,**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH  
MANDARIN

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	

---

**MAY TYLER, P**

Group Affiliation: OMNI FAMILY HEALTH

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	210 N CHESTER AVE , BAKERSFIELD CA 93308	866-707-6664	661-237-6650

---

**PSYCHIATRY**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SOSA JUAN, R**

**Group Affiliation: GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1217 7TH ST , WASCO CA 93308	661-758-5500	661-758-5511

---

**SYED ASARULISLAM, M**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**HINDI**  
**PUNJABI**  
**URDU**

Office #	Street:	Phone:	Fax:
OFFICE 1	525 ROBERTS LN , BAKERSFIELD CA 93308	866-707-6664	661-215-2349
OFFICE 1	659 S CENTRAL VALLEY HWY , SHAFTER CA 93263	866-707-6664	

---

**BODAPATI NAGA, V**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**HINDI**  
**PUNJABI**  
**TELUGU**

Office #	Street:	Phone:	Fax:
OFFICE 1	210 N CHESTER AVE , BAKERSFIELD CA 93307	866-707-6664	661-746-9197
OFFICE 1	1451 WHITE LN , BAKERSFIELD CA 93307	866-707-6664	
OFFICE 3	4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93309	866-707-6664	661-746-9197
OFFICE 4	1022 CALLOWAY DR , BAKERSFIELD CA 93312	866-707-6664	661-746-9197

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HALL STEPHANIE,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>4131 MING AVE , BAKERSFIELD CA 93309</b>	<b>866-707-6664</b>	<b>661-746-9197</b>

---

**GAREWAL JAGDEEP, S**

Group Affiliation: **RIDGECREST REGIONAL HOSPITAL**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1111 N CHINA LAKE BLVD STE 190, RIDGECREST CA 93555</b>	<b>760-499-3855</b>	<b>760-499-3870</b>

---

**GOKLANEY RAVI, K**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**HINDI**  
**PUNJABI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1022 CALLOWAY DR , BAKERSFIELD CA 93312</b>	<b>866-707-6664</b>	<b>661-730-7655</b>

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KALMAN LESLIE,**

Group Affiliation: **COMMUNITY HEALTH CENTERS OF AMERICA**

Language(s) **SPANISH**  
**HUNGARIAN**

Office #	Street:	Phone:	Fax:
OFFICE 1	733 3RD ST , MCFARLAND CA 93250	661-792-3097	661-792-3095

---

**DE GUZMAN ERNESTO, V**

Group Affiliation: **RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1111 N CHINA LAKE BLVD STE 190, RIDGECREST CA 93555	760-499-3855	760-499-3870
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

---

**CRUZ HERBERT, A**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2505 MERCED ST , FRESNO CA 93721	866-707-6664	661-746-9197

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**MEJIA BLANCA,**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1530 E MANNING AVE , REEDLEY CA 93654

866-707-6664

661-746-9197

**PATEL DASHRATH, P**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

210 N CHESTER AVE , BAKERSFIELD CA 93308

866-707-6664

661-237-6650

OFFICE 1

1100 4TH ST BLDG A, TAFT CA 93268

866-707-6664

OFFICE 3

4151 MEXICALI DR , BAKERSFIELD CA 93313

866-707-6664

661-215-2349

**MOHANKUMAR HONNUDIKE, T**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

HINDI

OFFICE 1

1022 CALLOWAY DR , BAKERSFIELD CA 93312

866-707-6664

661-746-9197

KANNADA

OFFICE 1

3800 MALL VIEW RD , BAKERSFIELD CA 93306

866-707-6664

**PSYCHOLOGY**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**TONG KATHERINE,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 659 S CENTRAL VALLEY HWY , SHAFTER CA

866-707-6664

661-746-9197

OFFICE 1 4900 CALIFORNIA AVE STE 400B, BAKERSFIELD  
CA 93309

866-707-6664

**MACHADO FREDERICK,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 912 FREMONT ST , DELANO CA 93215

866-707-6664

661-746-9197

**CASPI HEN,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**HEBREW**

Office # Street:

Phone:

Fax:

OFFICE 1 210 N CHESTER AVE , BAKERSFIELD CA 93308

866-707-6664

661-746-9197

OFFICE 1 912 FREMONT ST , DELANO CA 93215

866-707-6664

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WELCH LISA, C**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	210 N CHESTER AVE , BAKERSFIELD CA 93308	866-707-6664	661-237-6650

---

**BUCKNER CHRISTINA, M**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	210 N CHESTER AVE , BAKERSFIELD CA 93308	866-707-6664	661-746-9197
OFFICE 1	912 FREMONT ST , DELANO CA 93215	866-707-6664	

---

**PULMONARY DISEASE**

**RAUF KHALED,**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618



# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LAUGHLIN ROBERT, L**

Group Affiliation: **ROBERT L. LAUGHLIN, M.D., INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE A250, BAKERSFIELD CA  
93301

661-323-5300

661-323-5455

---

**SHIUE SHYI-TANG,**

Group Affiliation: **SHYI-TANG SHIUE, MD**

Language(s)

SPANISH

MANDARIN

Office #

Street:

Phone:

Fax:

OFFICE 1

1700 C ST , BAKERSFIELD CA 93301

661-325-2640

661-327-0816

---

**AZIZ HANY, S**

Group Affiliation: **HANY S AZIZ MD INC**

Language(s)

SPANISH, CHINESE

ARABIC

HEBREW

Office #

Street:

Phone:

Fax:

OFFICE 1

3805 SAN DIMAS ST STE B, BAKERSFIELD CA  
93301

661-326-9999

661-326-9011

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HANSA SAHAPHUN, N**

Group Affiliation: **S. NICK HANSA, M.D., INC.**

Language(s)

**TAHI**

Office #

**OFFICE 1**

Street:

**3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301**

Phone:

**661-323-5300**

Fax:

**661-323-5455**

---

**GOYAL RAJAN,**

Group Affiliation: **RAJAN GOYAL, M.D., INC.**

Language(s) **SPANISH**

**HINDI**

**PUNJABI**

**BENGALI**

Office #

**OFFICE 1**

Street:

**5531 BUSINESS PARK S STE 201, BAKERSFIELD CA 93309**

Phone:

**661-324-7300**

Fax:

**661-324-7306**

---

**SAINI GURSHARAN,**

Group Affiliation: **SAN JOAQUIN VALLEY PULMONARY MEDICAL GROUP, INC.**

Language(s) **SPANISH**

**HINDI**

**PUNJABI**

Office #

**OFFICE 1**

Street:

**5801 TRUXTUN AVE , BAKERSFIELD CA 93309**

**OFFICE 1**

**109 ADKISSON WAY , TAFT CA 93268**

Phone:

**661-327-3747**

**661-327-3747**

Fax:

**661-616-3237**

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**VAGHASIA PRAMIL, B**

**Group Affiliation: PRIME PULMONARY & SLEEP MEDICINE CENTER, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	8305 BRIMHALL RD STE 1601, BAKERSFIELD CA 93312	661-695-6777	845-853-6738
SPANISH				
GUJARATI	OFFICE 1	1205 GARCES HWY STE 203, DELANO Ca 93215	661-725-6910	

### RADIATION ONCOLOGY

**GORLA GIRIDHAR, G**

**Group Affiliation: RAVI PATEL, M.D., INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-322-7027
HINDI				

**DESAI AJAY, S**

**Group Affiliation: KOMAL DESAI, M.D., INC.**

Language(s)	Office #	Street:	Phone:	Fax:
HINDI	OFFICE 1	4500 MORNING DR STE 105, BAKERSFIELD CA 93306	661-491-5060	661-871-3479

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### REGISTERD DIETICIAN

**REYES ACOSTA VICKY,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	9500 STOCKDALE HWY STE 203, BAKERSFIELD CA 93311	661-587-8110	661-587-8220

---

### REGISTERED DIETICIAN

**MACANAS JELITA,**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s)

SPANISH	Office #	Street:	Phone:	Fax:
TAGALOG	OFFICE 1	1100 4TH ST BLDG A, TAFT CA 93268	866-707-6664	661-763-1281
ILOCANO	OFFICE 1	4151 MEXICALI DR , BAKERSFIELD CA 93313	866-707-6664	
SPANISH	OFFICE 3	210 N CHESTER AVE , BAKERSFIELD CA 93308	866-707-6664	661-237-6650
	OFFICE 4	659 S CENTRAL VALLEY HWY , SHAFTER CA 93263	866-707-6664	661-746-9197

---

### RHEUMATOLOGY

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BHINDER SUMEET, K**

Group Affiliation: **SUMEET BHINDER M.D. INC**

Language(s) **SPANISH**  
**INDIAN**  
**PUNJABI**

Office # Street:

**OFFICE 1 6001 TRUXTUN AVE STE A160, BAKERSFIELD CA 93309**

Phone:

**661-588-4001**

Fax:

**661-588-4042**

**SPANISH**

---

**KIM JIM, C**

Group Affiliation: **JIM C. KIM, M.D., INC.**

Language(s) **SPANISH, CHINESE**  
**KOREAN**  
**CHINESE**  
**TAGALOG**

Office # Street:

**OFFICE 1 2203 17TH ST , BAKERSFIELD CA 93301**

Phone:

**661-716-0333**

Fax:

**661-716-1288**

---

**BACON JEFFREY, K**

Group Affiliation: **RHEUMATOLOGY SERVICES MEDICAL GROUP**

Language(s) **SPANISH, CHINESE**

Office # Street:

**OFFICE 1 8329 BRIMHALL RD STE 801, BAKERSFIELD CA 93312**

Phone:

**661-695-8385**

Fax:

**661-679-6801**

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LI YI,** Group Affiliation: RHEUMATOLOGY SERVICES MEDICAL GROUP

Language(s) <b>SPANISH</b>	Office #	Street:	Phone:	Fax:
<b>CHINESE</b>	<b>OFFICE 1</b>	<b>8329 BRIMHALL RD STE 801, BAKERSFIELD CA 93312</b>	<b>661-695-8385</b>	<b>661-679-6801</b>

**KOVALOW-ST JOHN KAREN, A** Group Affiliation: RHEUMATOLOGY SERVICES MEDICAL GROUP

Language(s) <b>SPANISH, CHINESE</b>	Office #	Street:	Phone:	Fax:
	<b>OFFICE 1</b>	<b>8329 BRIMHALL RD STE 801, BAKERSFIELD CA 93312</b>	<b>661-695-8385</b>	<b>661-679-6801</b>

---

### SLEEP MEDICINE

**SANDHU HARPREET, S** Group Affiliation: HARPEET S. SANDHU

Language(s) <b>SPANISH</b>	Office #	Street:	Phone:	Fax:
<b>HINDI</b>	<b>OFFICE 1</b>	<b>1039 STINE RD , BAKERSFIELD CA 93309</b>	<b>559-788-0818</b>	<b>559-788-0150</b>
<b>PUNJABI</b>				

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SANDHU AHANA,**

**Group Affiliation: PRIME PULMONARY & SLEEP MEDICINE CENTER, INC.**

Language(s) **SPANISH**  
**PUNJABI**  
**HINDI**

Office #	Street:	Phone:	Fax:
OFFICE 1	8305 BRIMHALL RD STE 1601, BAKERSFIELD CA 93312	661-516-2471	661-695-6767
OFFICE 1	1205 GARCES HWY STE 203, DELANO CA 93215	661-395-6777	

---

### SOCIAL WORK

**PASSARELLI BIANCA,**

**Group Affiliation: ADVENTIST HEALTH MEDICAL CENTER TEHACHAPI**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	105 W E ST , TEHACHAPI CA 93561	661-823-7070	661-823-0235
OFFICE 1	2041 BELSHAW ST , MOJAVE CA 93501	661-824-4511	
OFFICE 3	9350 N LOOP BLVD , CALIFORNIA CITY CA 93505	760-373-1785	760-373-1790

**WYLY LISA,**

**Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4300 BIRCH AVE , LAKE ISABELLA CA 93240	760-379-1791	760-379-1793

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RIVERA ANASTASIA,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 1701 STINE RD , BAKERSFIELD CA 93309**

**866-707-6664**

**661-746-9197**

---

**GONZALEZ-MCKENZIE NANCY, Y**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**  
**SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 210 N CHESTER AVE , BAKERSFIELD CA 93308**

**866-707-6664**

**866-707-6664**

---

**LYONS DENISE, L**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 2811 H STREET , BAKERSFIELD CA 93301**

**866-707-6664**

**661-746-9197**

---



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**AGUIRRE ALEJANDRA,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	912 FREMONT ST , DELANO CA 93215	866-707-6664	661-459-1974
OFFICE 1	2101 7TH ST STE B, WASCO CA 93280	866-707-6664	
OFFICE 3	4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93309	866-707-6664	661-746-9197

---

**VARELA RUBY, D**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4151 MEXICALI DR , BAKERSFIELD CA 93309	866-707-6664	661-215-2349

---

**BRYAN PAUL, S**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313	866-707-6664	661-746-9197

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**STRAHAN TERI,**

Group Affiliation: **ADVENTIST HEALTH MEDICAL CENTER TEHACHAPI**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	105 W E ST , TEHACHAPI CA 93561	661-823-7070	661-823-0235

**HENDERSON BONNIE, J**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4151 MEXICALI DR , BAKERSFIELD CA 93313	866-707-6664	661-746-9197

**FELIZ TRISHA,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313	866-707-6664	661-215-2349
OFFICE 1	210 N CHESTER AVE , BAKERSFIELD CA 93308	866-707-6664	
OFFICE 3	655 S CENTRAL VALLEY HWY , SHAFTER CA 93263	866-707-6664	661-746-9197

### SPEECH LANGUAGE PATHOLOGY

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BELL BRIANA, K**

Group Affiliation: **BRIANA BELL**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

20717 SOUTH ST STE B, TEHACHAPI CA 93561

661-750-7848

661-246-3179

### SPEECH/LANGUAGE/PATHOLOGY

**OAKES DEBORAH, K**

Group Affiliation: **AFFILIATED SPEECH PATHOLOGY, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2300 TRUXTUN AVE , BAKERSFIELD CA 93301

661-323-4591

661-323-8603

### SURGERY OF THE HAND

**WONG CHARLES, D**

Group Affiliation: **PACIFIC CENTRAL COAST HEALTH CENTERS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-664-2300

661-663-6711

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BOWEN DAVID,**

Group Affiliation: **DESERT HAND AND PLASTIC SURGERY PC**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

9300 STOCKDALE HWY STE 300, BAKERSFIELD CA  
93311

661-664-2200

661-664-6206

---

**WONG CHARLES, D**

Group Affiliation: **CHARLES D. WONG, D.O., MEDICAL CORPORATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-664-2300

661-663-6259

---

**UROGYNECOLOGY**

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

LEE JUSTIN, T

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-663-6429

661-663-6041

---

### UROLOGY

HOROVITZ DAVID,

Group Affiliation: DAVID HOROVITZ, MD INC

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3941 SAN DIMAS ST STE 103A, BAKERSFIELD CA  
93301

661-520-5010

661-520-5020

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NABHANI JAMAL, A**

Group Affiliation: **RIDGECREST REGIONAL HOSPITAL**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	105 E SYDNOR AVE STE 100, RIDGECREST CA 93555	760-463-8930	760-463-8931
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	
OFFICE 3	1111 N CHINA LAKE BLVD STE 220, RIDGECREST CA 93555	760-499-3170	760-499-3179

---

**SHAKIR SHABBIR, A**

Group Affiliation: **SHABBIR SHAKIR, M.D.**

Language(s) **SPANISH**  
**HINDI**  
**ARABIC**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2808 F ST STE E, BAKERSFIELD CA 93301	661-395-0688	661-395-3082

---

**SNYDER ORRENZO, B**

Group Affiliation: **ORRENZO SNYDER, M.D., MEDICAL CORPORATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	263 N 3RD ST STE 126, PORTERVILLE CA 93257	559-772-4301	559-772-4302

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SCHUCKMAN ANNE, K**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	105 E SYDNOR AVE STE 100, RIDGECREST CA 93555	760-446-6404	760-446-6415
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

---

**DIELUBANZA ELODI,**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	105 E SYDNOR AVE STE 100, RIDGECREST CA 93555	760-446-6404	760-446-6415
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	
OFFICE 3	1111 N CHINA LAKE BLVE STE 190, RIDGECREST CA 93555	760-499-3855	760-499-3870

---

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**YOUNGSTROM EDWIN, A**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE B231, BAKERSFIELD CA 93301	661-665-0505	661-864-2190
OFFICE 1	3838 SAN DIMAS ST STE A200, BAKERSFIELD CA 93301	661-654-0200	

**LOH-DOYLE JEFFREY, C**

**Group Affiliation: RIDGECREST REGIONAL HOSPITAL**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	105 E SYDNOR AVE STE 100, RIDGECREST CA 93555	760-446-6404	760-446-6415
OFFICE 1	1081 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-3551	

---

**UROLOGY/FEMALE PELVIC MED AND RECONSTRUCTIVE SURGERY**



## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LEE JUSTIN, T**

Group Affiliation: **JUSTIN THIEN LEE, MD INC**

Language(s)

**VIETNAMESE**

Office #

**OFFICE 1**

Street:

**500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311**

Phone:

**661-663-6429**

Fax:

**661-663-6041**

### VASCULAR NEUROLOGY

**BUI HAO, D**

Group Affiliation: **HAO D. BUI, M.D., INC**

Language(s)

**VIETNAMESE**

Office #

**OFFICE 1**

Street:

**4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA  
93312**

Phone:

**661-387-8333**

Fax:

**661-241-4052**

**OFFICE 1**

**4825 COFFEE RD , BAKERSFIELD CA 93308**

**661-387-8333**

### VASCULAR SURGERY

# Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HONARI SARA,**

Group Affiliation: **HAO D. BUI, M.D., INC**

Language(s) **SPANISH**  
**FARSI**

Office #	Street:	Phone:	Fax:
OFFICE 1	4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312	661-387-8333	661-241-4052
OFFICE 1	4825 COFFEE RD , BAKERSFIELD CA 93308	661-387-8333	

**CAPOTE ALLAN, L**

Group Affiliation: **HAO D. BUI, M.D., INC**

Language(s) **VIETNAMESE**  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312	661-387-8333	661-241-4052
OFFICE 1	4825 COFFEE RD , BAKERSFIELD CA 93308	661-387-8333	

**NGUYEN TIEN, H**

Group Affiliation: **HAO D. BUI, M.D., INC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312	661-387-8333	661-241-4052
OFFICE 1	4825 COFFEE RD , BAKERSFIELD CA 93308	661-387-8333	

## Independent Medical Group - Kern Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GILL ZORA, S**

Group Affiliation: **INFUSION AND CLINICAL SERVICES, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
<b>SPANISH</b>	<b>OFFICE 1</b>	<b>901 OLIVE DR , BAKERSFIELD CA 93308</b>	<b>661-215-7500</b>	<b>661-399-4224</b>
<b>HINDI</b>	<b>OFFICE 1</b>	<b>5401 WHITE LN , BAKERSFIELD CA 93309</b>	<b>661-396-7100</b>	
<b>PUNJABI</b>				
<b>URDU</b>				

---