

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

Provider Specialty / Provider Name

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### 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

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### ALLERGY & IMMUNOLOGY

**PETTIGREW HOWARD, D**

Group Affiliation: **BAZ ALLERGY, ASTHMA & SINUS CENTER, INC**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	7471 N FRESNO ST , FRESNO CA 93720	559-436-4500	559-261-1526
	OFFICE 1	6643 N MILBURN STE 101, FRESNO CA 93722	559-275-1400	
	OFFICE 3	505 N CLOVIS AVE , FRESNO CA 93727	559-981-5040	559-981-5647
	OFFICE 4	2021 HENDERSON AVE STE 102, CLOVIS CA 93611	559-472-3116	559-324-8748

**BAZ MALIK, N**

Group Affiliation: **BAZ ALLERGY, ASTHMA & SINUS CENTER, INC**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5410 W CYPRESS AVE STE 102, VISALIA CA 93291	559-981-5040	559-637-2173
PUNJABI	OFFICE 1	7471 N FRESNO ST , FRESNO CA 93720	559-436-4500	
URDU	OFFICE 1	7471 N FRESNO ST , FRESNO CA 93720	559-436-4500	
TELUGU	OFFICE 3	563 I ST , REEDLEY CA 93654	559-637-2135	559-637-2173
	OFFICE 4	505 N CLOVIS AVE , FRESNO CA 93727	559-981-5040	559-981-5647

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

Provider Specialty / Provider Name

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**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	443 W MORTON AVE STE B, PORTERVILLE CA 93257	559-782-8578	
OFFICE 3	1429 MAIN ST , DELANO CA 93215	661-721-8832	661-327-0749

---

**BOREN ERIC, J**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1921 18TH ST , BAKERSFIELD CA 93301	661-327-9693	661-327-0749
OFFICE 1	443 W MORTON AVE STE B, PORTERVILLE CA 93257	559-782-8578	
OFFICE 3	1429 MAIN ST , DELANO CA 93215	661-721-8832	661-327-0749

---

**SINGH SUDEEP,**

**Group Affiliation: SUDEEP SINGH MD, INC**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	3622 W PACKWOOD AVE , VISALIA CA 93277	559-578-2130	559-431-4721
OFFICE 1	7011 N HOWARD ST STE 201, FRESNO CA 93720	559-431-9571	
OFFICE 3	860 W 7TH ST , HANFORD CA 93230	559-578-2130	559-431-4721

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

Provider Specialty / Provider Name

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**HIYAMA LAUREN, S**

**Group Affiliation: BAZ ALLERGY, ASTHMA & SINUS CENTER, INC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5410 W CYPRESS AVE STE 102, VISALIA CA 93291	559-274-1487	559-261-1526
OFFICE 1	563 I ST , REEDLEY CA 93654	559-637-2135	
OFFICE 3	7471 N FRESNO ST , FRESNO CA 93727	559-436-4500	559-261-1526
OFFICE 4	6643 N MILBURN AVE STE 101, FRESNO CA 93722	559-275-1400	559-274-1487

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**SIDHU RABINDER, S**

**Group Affiliation: RABINDER S. SIDHU, MD INC**

Language(s) **SPANISH**  
**HINDU**  
**PUNJABI**  
**URDU**

Office #	Street:	Phone:	Fax:
OFFICE 1	7151 N CEDAR AVE STE 103, FRESNO CA 93720	559-325-7775	559-325-7505
OFFICE 1	807 W OAK ST STE C, VISALIA CA 93291	559-325-7775	
OFFICE 3	900 N DOUTY ST STE B, HANFORD CA 93230	559-325-7775	559-325-7505

---

### ANESTHESIOLOGY

**PALENCIA ARTURO, 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

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### AUDIOLOGY

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

Provider Specialty / Provider Name

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**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

---

**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

---

**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

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**BARIATRIC SURGERY**

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

Provider Specialty / Provider Name

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**NAIK NIRAV, C**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	4817 CENTENNIAL PLAZA WAY STE B, BAKERSFIELD CA 93312	661-447-4559	661-447-4565
SPANISH				
HINDU				
	OFFICE 1	4817 CENTENNIAL PLAZA WAY STE C, BAKERSFIELD CA 93312	661-447-4559	
GUJARATI				

---

**JUAREZ CARLOS, M**

**Group Affiliation: CALIFORNIA BARIATRICS, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1381 E HERNDON AVE STE 104, FRESNO CA 93720	559-432-3434	559-432-3585

---

**IRANI HORMUZ,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	8311 BRIMHALL RD STE 1901, BAKERSFIELD CA 93312	661-638-0601	661-638-0605
HINDU				
SPANISH				
GUJARATI				

---

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

Provider Specialty / Provider Name

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### CARDIOLOGY

**COLL ANA, C**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1186 LELAND AVE , TULARE CA 93274	559-686-9097	559-366-7060

**BANKS AARON, E**

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

Language(s)  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	500 OLD RIVER RD STE 105, BAKERSFIELD CA 93311	661-664-0808	800-691-2492

### CARDIOVASCULAR DISEASE

**THAYAPRAN NALLATHAMBY,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-232-4278	661-631-5546

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

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**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				

---

**SONI BIKRAM, J**

Group Affiliation: **CENTRAL CALIFORNIA CARDIOVASCULAR**

Language(s)	HINDU	Office #	Street:	Phone:	Fax:
		OFFICE 1	2001 HIGH ST , SELMA CA 93662	559-896-0400	559-896-0404
		OFFICE 1	1125 E SPRUCE AVE STE 201, FRESNO CA 93720	559-573-3433	
		OFFICE 3	951 E MERRITT AVE , TULARE CA 93720	559-896-0400	559-896-0404

---

**KRUEGER MICHAEL, L**

Group Affiliation: **MICHAEL L. KRUEGER, D.O., INC**

Language(s)	SPANISH, PUNJAB	Office #	Street:	Phone:	Fax:
		OFFICE 1	7033 N FRESNO ST STE 301, FRESNO CA 93720	559-438-8181	559-438-8179

---

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

Provider Specialty / Provider Name

---

**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**

---

**MEHTA VIRAL, Y**

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

Language(s)

**HINDU**

**GUJARATI**

Office #

**OFFICE 1**

Street:

**432 LEXINGTON AVE STE B, DELANO CA 93215**

Phone:

**661-725-7818**

Fax:

**661-725-3484**

---

**NALOS PETER, C**

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 - Tulare 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 #  
**OFFICE 1**

Street:  
**500 OLD RIVER RD STE 260, BAKERSFIELD CA  
93311**

Phone:  
**661-843-6464**

Fax:  
**661-282-8417**

---

**BANERJEE SUPRATIM,**

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

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

Office #  
**OFFICE 1**

Street:  
**432 LEXINGTON AVE STE B, DELANO CA 93215**

Phone:  
**661-725-7818**

Fax:  
**661-725-3484**

---

**BEHL ASHOK,**

Group Affiliation: **ASHOK BEHL, M.D., INC.**

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

Office #  
**OFFICE 1**

Street:  
**567 W PUTNAM AVE STE 1, PORTERVILLE CA  
93257**

Phone:  
**559-781-0386**

Fax:  
**559-781-8147**

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

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**BHAJAL SUKHVINDER, S**

**Group Affiliation: HEART AND RHYTHM SPECIALISTS OF CALIFORNIA, INCORPORATED**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>5120 W CYPRESS AVE , VISALIA CA 93277</b>	<b>559-635-4800</b>	<b>559-635-4844</b>

**SINGH SARABJEET,**

**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>661-323-9326</b>

**SHETTY SHAILESH,**

**Group Affiliation: CENTRAL CALIFORNIA CARDIOVASCULAR**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2001 HIGH ST , SELMA CA 93662</b>	<b>559-896-0400</b>	<b>559-896-0404</b>
<b>OFFICE 1</b>	<b>1125 E SPRUCE AVE STE 201, FRESNO CA 93720</b>	<b>559-573-3433</b>	
<b>OFFICE 3</b>	<b>951 E MERRITT AVE , TULARE CA 93274</b>	<b>559-896-0400</b>	<b>559-896-0404</b>

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

Provider Specialty / Provider Name

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**GUPTA ANKUR, V**

**Group Affiliation: ANKUR GUPTA MEDICAL CORPORATION**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>820 S AKERS ST STE 130, VISALIA CA 93277</b>	<b>559-624-6520</b>	<b>559-635-6192</b>

**SHARMA SHASHI, K**

**Group Affiliation: SHASHI K. SHARMA, M.D., INC.**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>100 WILLOW PLAZA PL STE 208, VISALIA CA 93291</b>	<b>559-625-4278</b>	<b>559-625-4276</b>

**DEITS RICHARD, M**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

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 B201, BAKERSFIELD CA 93301</b>	<b>661-321-3161</b>	<b>661-321-3166</b>

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

Provider Specialty / Provider Name

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**DOCTOR NIRAJ, S**

**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>

**AZIZ KUSAI,**

**Group Affiliation: VISALIA CARDIOVASCULAR AND MEDICAL CENTER, INC.**

Language(s)

**ARABIC**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>101 E NOBLE AVE , VISALIA CA 93277</b>	<b>559-735-0500</b>	<b>559-735-0504</b>
<b>OFFICE 1</b>	<b>105 E NOBLE AVE , VISALIA CA 93277</b>	<b>559-735-0500</b>	

**GOWD PAMPANA,**

**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>661-323-9326</b>

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

Provider Specialty / Provider Name

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**RAFIE REZA,**

Group Affiliation: **REEDLEY COMMUNITY HOSPITAL**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2059 HILLMAN ST , TULARE CA 93274

559-605-0090

559-733-5059

---

### CARDIOVASCULAR/THORACIC SURGERY

**PUREWAL SARABJIT, S**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

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

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE A100, BAKERSFIELD CA  
93301

661-327-8538

661-327-5432

**PECK ERIC, A**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE A100, BAKERSFIELD CA  
93301

661-327-8538

661-327-5432

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

Provider Specialty / Provider Name

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**REICH HEIDI, J**

**Group Affiliation: CENTRAL CALIFORNIA HEART AND LUNG SURGERY**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>729 N MEDICAL CENTER DR W STE 223, CLOVIS CA 93611</b>	<b>559-449-9990</b>	<b>559-449-9991</b>

---

**SONG JEREMY, J**

**Group Affiliation: CENTRAL CALIFORNIA HEART AND LUNG SURGERY**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>729 N MEDICAL CENTER DR W STE 223, CLOVIS CA 93611</b>	<b>559-449-9990</b>	<b>559-449-9991</b>

---

**PAW PATRICK, T**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<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>

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

Provider Specialty / Provider Name

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**ARAIM LEHEB, H**

Group Affiliation: **CENTRAL CALIFORNIA HEART AND LUNG SURGERY**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	729 N MEDICAL CENTER DR W STE 223, CLOVIS CA 93611	559-449-9990	559-449-9991

---

**LIN JOHN, C**

Group Affiliation: **CENTRAL CALIFORNIA CHEST SURGERY**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	729 N MEDICAL CENTER DR W STE 223, CLOVIS CA 93611	559-935-5491	559-935-5719

---

### CHIROPRACTIC MEDICINE

**YBARRA RONALD, P**

Group Affiliation: **ERICK MADRIGAL M.D., M.B.A, INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	833 SEQUOIA AVE , LINDSAY CA 93247	559-562-1361	559-784-5433

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

Provider Specialty / Provider Name

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**RYAN TRAVIS, W**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	1203 N CHERRY ST , TULARE CA 93274	559-686-9097	559-366-7060

---

**CAMPOS OSCAR,**

**Group Affiliation: ERICK MADRIGAL M.D., M.B.A, INC.**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	833 SEQUOIA AVE , LINDSAY CA 93247	559-562-1361	559-784-5433

---

**GUTIERREZ JUAN, C**

**Group Affiliation: OMNI FAMILY HEALTH**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	1530 E MANNING AVE , REEDLEY CA 93654	866-707-6664	661-746-9197
OFFICE 1	2505 MERCED ST , FRESNO CA 93721	866-707-6664	

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

Provider Specialty / Provider Name

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**HONKA THOMAS, M**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	590 W PUTNAM AVE , PORTERVILLE CA 93257	559-781-4100	559-781-1230

---

**YBARRA RONALD,**

Group Affiliation: **ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1500 W TULARE DR , TULARE CA 93274	559-686-9097	559-366-7060
OFFICE 1	1203 N CHERRY ST , TULARE CA 93274	559-686-9097	

---

**YBARRA RONALD, P**

Group Affiliation: **CHERRY CLINIC**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	40657 ROAD 128 , CUTLER CA 93615	559-390-0023	559-426-6169

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

Provider Specialty / Provider Name

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**LOPEZ CIARA, K**

**Group Affiliation: ERICK MADRIGAL M.D., M.B.A, INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 833 SEQUOIA AVE , LINDSAY CA 93247**

**559-562-1361**

**559-789-9828**

### CLINICAL CARDIAC ELECTROPHYSIOLOGY

**SINGH GURJIT,**

**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**

**HINDI**

**661-443-0088**

### COLON/RECTAL SURGERY

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

Provider Specialty / Provider Name

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**MALELLARI LORENC,**

**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

---

### COMPLEX GENERAL SURGICAL ONCOLOGY

**FOULAD DAVID,**

**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

---

### DENTIST/PERIODONTICS

**BRAMANTI THOMAS, E**

**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

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# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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## DERMATOLOGY

**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	

**CABRAL ERIK, S**

**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

**BERK DAVID, R**

**Group Affiliation: DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**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

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**DAVID CONSUELO, V**

**Group Affiliation: DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

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**RIOS EON, J**

**Group Affiliation: DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

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

Provider Specialty / Provider Name

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**REYES MELISSA, A**

**Group Affiliation: DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 93302	855-944-7546	800-572-0683

**AWADALLA FARAH, C**

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

Language(s)

**GREEK**

Office #	Street:	Phone:	Fax:
OFFICE 1	6181 N THESTA ST , FRESNO CA 93710	559-418-5000	559-931-0801
OFFICE 1	400 N IRWIN ST , HANFORD CA 93230	559-584-2700	
OFFICE 3	1025 N DEMAREE ST , VISALIA CA 93291	559-931-0800	559-931-0801
OFFICE 4	1317 MAIN ST STE B, DELANO CA 93215	661-430-9070	661-430-9075

**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 - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**ZHU GEFEI, A**

**Group Affiliation: DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

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**HAMIDI REYHANEH,**

**Group Affiliation: DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

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**KAFI REZA,**

**Group Affiliation: DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

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

Provider Specialty / Provider Name

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**ABAZA SAM,**

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

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

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	1200 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-9007	760-446-6900
OFFICE 4	1317 MAIN ST STE B, DELANO CA 93215	661-430-9070	661-430-9075

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**AMMAR NEAL, M**

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

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

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

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**LIN JULIE, H**

**Group Affiliation: DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

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

Provider Specialty / Provider Name

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**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

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**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

---

**TAHERI DANIEL, P**

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

Language(s)

**FARSI**

Office #	Street:	Phone:	Fax:
OFFICE 1	1025 N DEMAREE ST , VISALIA CA 93291	559-931-0800	559-931-0801
OFFICE 1	6181 N THESTA AVE STE 104, FRESNO CA 93710	559-418-5000	
OFFICE 3	400 N IRWIN ST , HANFORD CA 93230	559-584-2700	559-415-7199
OFFICE 4	1317 MAIN ST STE B, DELANO CA 93215	661-430-9070	661-430-9075

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

Provider Specialty / Provider Name

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**WANG CHEN,**

Group Affiliation: **DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

---

**WONG REYNOLD, C**

Group Affiliation: **DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

---

**WONG DAVID, J**

Group Affiliation: **DIRECT DERMATOLOGY PROFESSIONALS, P.C.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	530 LYTTON AVE 2ND FL, PALO ALTO CA 94301	855-944-7546	800-572-0683

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

Provider Specialty / Provider Name

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**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

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### DIAGNOSTIC RADIOLOGY

**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

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

Provider Specialty / Provider Name

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**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

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**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

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**DOUGLAS DAVID, B**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1700 S. COURT ST. STE F, VISALIA CA 93277	559-734-9244	559-734-9758

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

Provider Specialty / Provider Name

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**ECKEL GREGORY, M**

**Group Affiliation: INVIEW IMAGING DIAGNOSTIC, INC. A PROFESSIONAL MEDICAL CORPORATION**

Language(s) **SPANISH, CANTO**

Office #	Street:	Phone:	Fax:
OFFICE 1	3450 HILLCREST AVE , ANTIOCH CA 94531	925-757-2100	925-757-2101
OFFICE 1	1000 W CARSON ST , TORRANCE CA 90509	310-222-2171	

**ROPER GLADE, E**

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

Language(s) **SPANISH**  
**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	559-734-6932

**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 - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**VALLES FRANCISCO, 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	559-734-1787
	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

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**JAIN KIREN, S**

**Group Affiliation: INVIEW IMAGING DIAGNOSTIC, INC. A PROFESSIONAL MEDICAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH, CHINESE	OFFICE 1	3450 HILLCREST AVE , ANTIOCH CA 94531	925-757-2100	925-757-2101
	OFFICE 1	970 DEWING AVE STE 100, LAFAYETTE CA 94549	925-586-3096	

---

**TALLEY 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

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

**Provider Specialty / Provider Name**

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**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

---

**HIGHTOWER DANIEL, J**

**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
GERMAN	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

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**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

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

**Provider Specialty / Provider Name**

---

**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

---

**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

---

**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

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

**Provider Specialty / Provider Name**

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**AGUET JAIME, C**

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

Language(s) **SPANISH**  
**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

---

**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

---

**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

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

Provider Specialty / Provider Name

---

**ALAGAPPAN RAVI,**

**Group Affiliation: INVIEW IMAGING DIAGNOSTIC, INC. A PROFESSIONAL MEDICAL CORPORATION**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	3450 HILLCREST AVE , ANTIOCH CA 94531	925-757-2100	925-757-2101
OFFICE 1	2125 OAK GROVE RD , WALNUT CA 94598	925-296-7144	

**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

**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

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

Provider Specialty / Provider Name

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**LOEFFLER PAUL, M**

**Group Affiliation: CALIFORNIA MEDICAL IMAGING ASSOCIATES, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	3610 W PACKWOOD AVE , VISALIA CA 93277	559-713-6050	559-713-6321
OFFICE 1	360 E ALMOND AVE , MADERA CA 93637	559-713-6050	

**PIATT BRADFORD, M**

**Group Affiliation: INVIEW IMAGING DIAGNOSTIC, INC. A PROFESSIONAL MEDICAL CORPORATION**

Language(s) **SPANISH, CANTO**

Office #	Street:	Phone:	Fax:
OFFICE 1	3450 HILLCREST AVE , ANTIOCH CA 94531	925-757-2100	925-757-2101
OFFICE 1	970 DEWING AVE STE 100, LAFAYETTE CA 94549	925-586-3096	

**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

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

Provider Specialty / Provider Name

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**SINGH TIGER TEJPAL,**

**Group Affiliation: INVIEW IMAGING DIAGNOSTIC, INC. A PROFESSIONAL MEDICAL CORPORATION**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	3450 HILLCREST AVE , ANTIOCH CA 94531	925-757-2100	925-757-2101
OFFICE 1	970 DEWING AVE STE 100, LAFAYETTE CA 94549	925-586-3096	

**BEN DAVID ELI, J**

**Group Affiliation: CALIFORNIA MEDICAL IMAGING ASSOCIATES, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3610 W PACKWOOD AVE , VISALIA CA 93277	559-713-6050	559-713-6321
OFFICE 1	360 E ALMOND AVE SUITE A-B, MADERA CA 93637	559-384-3239	

**SHUKRI BRIAN, A**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1700 S COURT ST STE F, VISALIA CA 93277	559-734-9244	559-734-9758

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

Provider Specialty / Provider Name

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**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

---

**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

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**ENDOCRINOLOGY**

## Independent Medical Group - Tulare 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>

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### ENDOCRINOLOGY DIABETES & METABOLISM

**DUGGAL JASLEEN, K**

**Group Affiliation: CENTRIC HEALTH**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>3008 SILLECT AVE STE 220, BAKERSFIELD CA 93308</b>	<b>661-748-1999</b>	<b>661-748-1815</b>

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## Independent Medical Group - Tulare 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

---

**WIN HTET HTET,**

**Group Affiliation: OMNI FAMILY HEALTH**

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

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**PATEL RONAKKUMAR, D**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**

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OFFICE 1	4131 MING AVE , BAKERSFIELD CA 93309	866-707-6664	661-746-9197

---

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

Provider Specialty / Provider Name

---

**FATEMI SHIREEN,**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s)

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**SIDHU SUKHAMPAL, S**

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

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

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559-228-6600

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**SAHASRANAM PREM,**

**Group Affiliation: CENTRAL VALLEY ENDOCRINOLOGY, A PROFESSIONAL CORPORATION**

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559-587-1100

559-587-9044

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1124 N CHINOWTH ST STE 102, VISALIA CA 93291

559-713-6869

---



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

Provider Specialty / Provider Name

---

**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	

**KUMAR PAWAN,**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**  
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OFFICE 1	590 W PUTNAM AVE STE 2A, PORTERVILLE CA 93257	559-781-3700	559-339-1041
OFFICE 1	252 N HWY 65 , LINDSAY CA 93247	559-781-3700	

---

**FAMILY MEDICINE**

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

Provider Specialty / Provider Name

---

**PHUI KHUONG, C**

**Group Affiliation: AVENAL COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	755 N SEQUOIA AVE STE B, LINDSAY CA 93247	559-562-9399	559-562-9379
OFFICE 1	781 N SEQUOIA AVE STE 3, LINDSAY CA 93247	559-562-2655	

---

### GASTROENTEROLOGY

**RAHAL SIMRITA,**

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

Language(s) **SPANISH**  
**PUNJABI**  
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OFFICE 1	1205 GARCES HWY STE 107, DELANO CA 93215	661-721-1200	

**RAHAL PARAMVIR, S**

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

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

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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 - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**JAVDAN PARVIZ,**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
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OFFICE 1	1205 GARCES HWY STE 107, DELANO CA 93215	661-721-1200	

**RAHIMI-NAINI SOHRAB,**

Group Affiliation: **SOHRAB RAHIMI NAINI M.D., INC.**

Language(s)  
**FARSI**

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**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**  
**HINDU**  
**PUNJABI**

Office #	Street:	Phone:	Fax:
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## Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PESTANA DAMIAN, R**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

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**WANG HONGTAO, A**

**Group Affiliation: VALLEY GASTROENTEROLOGY INSTITUTE INC**

Language(s)  
**CHINESE**

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OFFICE 1	2823 FRESNO ST , FRESNO CA 93720	559-459-6410	

**MITTAL VIVEK,**

**Group Affiliation: VIVEK MITTAL, M.D. AND MANISHA MITTAL, M.D., INC.**

Language(s) **SPANISH HINDU P  
HINDU  
PUNJABI**

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

Provider Specialty / Provider Name

---

**BHOGAL RABINDER, 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)

HINDI  
SPANISH

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**BHAIKA HARPAL, S**

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Language(s)

SPANISH  
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## Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MATUK ROBIN, A**

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Language(s) **SPANISH**

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**KALHA ISHAAN, S**

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OFFICE 1	1519 GARCES HWY STE 3, DELANO CA 93215	661-324-1203	

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

Provider Specialty / Provider Name

---

**CHOWDHURY TABASSUM, A**

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

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### GENERAL SURGERY

**KINTER CHRISTOPHER, R**

**Group Affiliation:** CHRISTOPHER KINTER M.D. LLC

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**QADER HEMN, H**

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**PERSIAN**

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

Provider Specialty / Provider Name

---

**IBERDEMAJ RAME, D**

Group Affiliation: **UNITED CALIFORNIA SURGICAL FORUM, INC.**

Language(s)

ALBANIAN  
CROATIAN  
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Fax:

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OFFICE 1

9500 STOCKDALE HWY STE 201, BAKERSFIELD CA  
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661-327-1431

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

Provider Specialty / Provider Name

---

**JOHNSON DAWN,**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

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**PANDYA GAURANG, S**

**Group Affiliation: GAURANG S, PANDYA, MD**

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559-782-8544

OFFICE 1 303 W NOBLE AVE , VISALIA CA 93277

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661-721-0737

661-721-0738

---

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KALANI AMENEH, D**

Group Affiliation: IQ SURGICAL ASSOCIATES, INC.

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

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**TIEN HUEY YUAN,**

Group Affiliation: SEQUOIA INSTITUTE FOR SURGICAL SERVICES INC.

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

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OFFICE 1	2300 W SUNNYSIDE AVE , VISALIA CA 93277	559-731-2009	866-833-7251
OFFICE 1	460 WEST PUTNAM AVE , PORTERVILLE CA 93257	559-731-2009	
OFFICE 3	936 G ST STE 110, REEDLEY CA 93654	559-731-2009	866-833-7251

**HAKIMI AHMAD, N**

Group Affiliation: AHMAD N. HAKIMI, M.D. PROFESSIONAL CORPORATION

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

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OFFICE 1	557 W MORTON AVE STE B, PORTERVILLE CA 93257	559-781-9922	559-781-9925
OFFICE 1	1107 W POPLAR AVE , PORTERVILLE 93257	877-960-3426	

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

Provider Specialty / Provider Name

---

**KESAVARAMANUJAM SATISH, K**

Group Affiliation: **IQ SURGICAL ASSOCIATES, INC.**

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

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**PANDYA GAURANG, S**

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

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**HINDU**

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**KIRKPATRICK VINCENT, E**

Group Affiliation: **IQ SURGICAL ASSOCIATES, INC.**

Language(s) **SPANISH**

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---

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

Provider Specialty / Provider Name

---

**KWOCK CHRISTINA, L**

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

Language(s) **SPANISH**

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**CASSARO SEBASTIANO,**

**Group Affiliation: IQ SURGICAL ASSOCIATES, INC.**

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

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**LEE CHIH CHENG,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

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

Provider Specialty / Provider Name

---

**NAGAPPALA KARTHEEK, B**

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

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**MOON CYRUS, R**

**Group Affiliation: MOON MD INCORPORATED**

Language(s)

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**ANDERSON CASANDRA, A**

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Language(s) **SPANISH**

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---

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

Provider Specialty / Provider Name

---

**ZHOU JING,**

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Language(s)

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**SERALATHAN RAMASAMY,**

Group Affiliation: **RAMASAMY SERALATHAN**

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

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93257

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**SINGH GURMANT, P**

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

Language(s)

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661-467-1480

OFFICE 1

1205 GARCES HWY STE 303, DELANO CA 93215

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

Provider Specialty / Provider Name

---

**CHERIYAN JERRY,**

**Group Affiliation: KERN SURGICAL ASSOCIATES, INC**

Language(s)

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**ENTABI FATEH,**

**Group Affiliation: ENTABI, M.D., INC.**

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

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Language(s)

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

Provider Specialty / Provider Name

---

**GARCIA EDWIN,**

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

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

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

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---

**GYNECOLOGIC ONCOLOGY**



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

Provider Specialty / Provider Name

---

**TAMMELA JONATHAN, E**

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

Language(s)

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661-663-6041

**BLAKE ERIN,**

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Language(s) **SPANISH**

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**MANRRIQUEZ ERICA, N**

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

Language(s)

**SPANISH**

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**GYNECOLOGY**

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

Provider Specialty / Provider Name

---

**NGUYEN JOHN, T**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

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

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### HEMATOLOGY

**KANAMORI DAVID, E**

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Language(s)  
**SPANISH**

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**NGUYEN VINH-LINH, B**

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

Language(s) **SPANISH, VIETNA**

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---

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

Provider Specialty / Provider Name

---

**SHAMBAUGH SHAWN, C**

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

Language(s) **SPANISH, HINDU,**

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**CARTMELL ALAN, D**

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

Language(s)

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**JAWIEN WILLIAM, J**

Group Affiliation: **CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

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

Provider Specialty / Provider Name

---

**ESTRADA DEXTER, T**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) **SPANISH**

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**PATEL RAVI,**

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

Language(s)

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

---

**PATIL SADANAND,**

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

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**NAIK RAHUL,**

**Group Affiliation: ONCOLOGY PHYSICIANS NETWORK OF CALIFORNIA, PC**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8339 BRIMHALL RD STE 302, BAKERSFIELD CA 93311	661-490-9595	661-490-9799

**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	

**HACKETT LEONARD, T**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1225

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

Provider Specialty / Provider Name

---

**HAGER STEVEN, J**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720**

**559-326-1222**

**559-326-1225**

---

**AULAKH AMARDEEP, S**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**HINDU**

**OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720**

**559-326-1222**

**559-326-1225**

**PUNJABI**

---

**BALOCH ANWER,**

**Group Affiliation: ANWER BALOCH MD.**

Language(s)

Office # Street:

Phone:

Fax:

**OFFICE 1 200 N G ST , PORTERVILLE CA 93257**

**559-783-8063**

**559-783-8073**

---

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

Provider Specialty / Provider Name

---

**RAO RAVI, D** Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1230
TELUGU				
HINDI				

---

### HIV/AIDS MEDICINE

**FELIZARTA FRANCO, A** Group Affiliation: FRANCO ANTONIO BALAMBAN FELIZARTA

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

---

### HOSPICE/PALLIATIVE CARE

**PATEL RISHI, R** 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	661-327-7027

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

Provider Specialty / Provider Name

---

### INFECTIOUS DISEASE

**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

---

**FELIZARTA FRANCO, A**

Group Affiliation: **FRANCO ANTONIO BALAMBAN FELIZARTA**

Language(s)  
**TAGALOG**

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

---

**RAJU MINA,**

Group Affiliation: **MINA RAJU DO INC**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	5400 W HILLSDALE AVE , VISALIA CA 93291	559-302-7927	559-741-9938

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## Independent Medical Group - Tulare 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

**SENINING RANDOLPH, C**

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

Language(s)

Office #

Street:

Phone:

Fax:

FILIPINO

OFFICE 1

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

661-322-2206

661-633-3669

### INTERNAL MEDICINE

**BANSAL RUCHI,**

**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

OFFICE 1

1205 GARCES HWY STE 203, DELANO CA 93215

661-725-6910

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

Provider Specialty / Provider Name

---

**VAFADOUSTE GHOLAMREZA,**

**Group Affiliation: COMMUNITY HEALTH CENTERS OF AMERICA**

Language(s) **FRENCH, PERSIAN,**

Office #

Street:

Phone:

Fax:

**OFFICE 1**

**733 3RD ST , MCFARLAND CA 93250**

**661-792-3097**

**661-792-3095**

---

### INTERVENTIONAL CARDIOLOGY

**SHARMA SANJIV,**

**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**

---

**DESAI CHIRAG, K**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**SPANISH**

**OFFICE 1**

**4131 MING AVE , BAKERSFIELD CA 93309**

**866-707-6664**

**661-746-9197**

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

Provider Specialty / Provider Name

---

**REDDY H KIRAN, K**

**Group Affiliation: H KIRAN KUMAR REDDY MD PROFESSIONAL CORPORATION**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1114 W 6TH ST STE 102, HANFORD CA 93230</b>	<b>559-587-9901</b>	<b>559-582-9755</b>

---

### INTERVENTIONAL/DIAGNOSTIC RADIOLOGY

**MOSHFEGH AMIEL, P**

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

Language(s)

<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>323-347-1002</b>	<b>323-433-9177</b>

---

### LICENSED CLINICAL SOCIAL WORKER

**COVARRUBIAS RAUL,**

**Group Affiliation: CHERRY CLINIC**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>40657 ROAD 128 , CUTLER CA 93615</b>	<b>559-390-0023</b>	<b>559-426-6069</b>

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

Provider Specialty / Provider Name

---

### MARRIAGE/FAMILY THERAPY

**FRANKLIN JAMIE, L**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

Office # Street:

OFFICE 1 2300 7TH ST , WASCO CA 93280

Phone:

661-758-4184

Fax:

661-748-4188

---

### MATERNAL AND FETAL MEDICINE

**HELM DOUGLAS, A**

**Group Affiliation: PERINATAL ASSOCIATES OF CENTRAL CALIFORNIA MEDICAL GROUP, INC.**

Language(s)

**SPANISH**

Office # Street:

OFFICE 1 2273 E BEECHWOOD AVE , FRESNO CA 93720

OFFICE 1 2210 E ILLINOIS AVE STE 308, FRESNO CA 93701

Phone:

559-268-8307

559-268-8307

Fax:

559-268-0650

---

### MEDICAL BIOCHEMICAL GENETICS

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

Provider Specialty / Provider Name

---

**CURRY CYNTHIA,**

**Group Affiliation: CYNTHIA CURRY**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

215 N FRESNO ST , FRESNO CA 93701

559-459-2269

559-459-7179

---

### MEDICAL ONCOLOGY

**KUO SAMUEL, S**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

1101 N CHERRY ST , TULARE CA 93274

559-686-9097

559-366-7060

**GUPTA SACHIN,**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

7130 N MILLBROOK AVE , FRESNO CA 93720

559-326-1222

559-326-1225

---

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

Provider Specialty / Provider Name

---

**HASEEB ABDUL, M**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) **SPANISH**

**Office # Street:**

**Phone:**

**Fax:**

**OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720**

**559-326-1222**

**559-326-1225**

---

**KUO SAMUEL, S**

**Group Affiliation: SAMUEL SHIH-HSIUNG KUO**

Language(s)

**CHINESE**

**Office # Street:**

**Phone:**

**Fax:**

**OFFICE 1 1088 N CHERRY ST , TULARE CA 93274**

**559-688-8899**

**559-688-8889**

---

**PASCUZZO JOSEPH, M**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) **SPANISH**

**Office # Street:**

**Phone:**

**Fax:**

**OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720**

**559-326-1222**

**559-326-1225**

---

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

Provider Specialty / Provider Name

---

**ALAM MUHAMMAD, M**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720**

**559-326-1222**

**559-326-1225**

---

**IBRAHIM DINA,**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

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

Office # Street:

Phone:

Fax:

**OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720**

**559-326-1222**

**559-326-1225**

---

**PARVEEZ RABIA,**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

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

Office # Street:

Phone:

Fax:

**OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720**

**559-326-1222**

**559-326-1225**

---

**NATUROPATHY**

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

Provider Specialty / Provider Name

---

**GADDAM KALYAN, R**

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

Language(s)

TELUGU  
HINDI

Office #  
OFFICE 1

Street:  
6501 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:  
661-322-2206

Fax:  
661-633-3669

---

### NEPHROLOGY

**MUBIN TARIQ,**

Group Affiliation: **KERN NEPHROLOGY MEDICAL GROUP**

Language(s) SPANISH  
PUNJABI  
HINDU

Office #  
OFFICE 1

Street:  
1980 CECIL AVE , DELANO CA 93215

Phone:  
661-323-2847

Fax:  
661-324-2328

---

**DUFLOT JOSEPH, C**

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

Language(s)

SPANISH

Office #  
OFFICE 1  
OFFICE 1  
OFFICE 3  
OFFICE 4

Street:  
568 E HERNDON AVE STE 201, FRESNO CA 93720  
800 N ST , SANGER CA 93657  
1205 EVERGREEN ST , SELMA CA 93662  
515 W ACEQUIA STE A, FRESNO CA 93291

Phone:  
559-228-6600  
559-228-6600  
559-228-6600  
559-228-6600

Fax:  
559-226-3709  
  
559-226-3709  
559-226-3709  
559-226-3709

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

Provider Specialty / Provider Name

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**DUMLAO MELODY, G**

**Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP**

Language(s)	Office #	Street:	Phone:	Fax:
TAGALOG	OFFICE 1	443 W MORTON AVE STE A, PORTERVILLE CA 93257	559-788-6207	559-788-6344
SPANISH	OFFICE 1	1980 CECIL AVE , DELANO CA 93215	559-788-6207	
	OFFICE 3	833 N SEQUOIA AVE , LINDSAY CA 93247	559-788-6207	559-788-6344

---

**CAO YANGMING,**

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

Language(s)	Office #	Street:	Phone:	Fax:
CHINESE	OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
	OFFICE 1	433 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	
	OFFICE 3	800 N ST , SANGER CA 93657	559-228-6600	559-226-3709

---

**ATWAL SUKHVIR, S**

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

Language(s)	Office #	Street:	Phone:	Fax:
PUNJABI	OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
HINDU	OFFICE 1	800 N ST , SANGER CA 93657	559-228-6600	
	OFFICE 3	1205 EVERGREEN ST , SELMA CA 93662	559-228-6600	559-226-3709
	OFFICE 4	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709

---

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

Provider Specialty / Provider Name

**SU STEVE, W**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

**AGRAWAL SIDDHARTHA,**

Group Affiliation: BASS MEDICAL GROUP

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH HINDU	OFFICE 1	7045 N MAPLE AVE STE 107 & 108, FRESNO CA 93270	559-746-9605	559-558-8183
	OFFICE 1	820 S AKERS ST STE 120, VISALIA CA 93277	559-625-4118	
	OFFICE 3	125 MALL DR STE 211B, HANFORD CA 93230	559-825-6204	559-625-6004
	OFFICE 4	384 PEARSON DR , PORTERVILLE CA 93257	559-788-1022	559-793-4288

**YANG TOM,**

Group Affiliation: TOM YANG, M.D., INC.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH MANDARIN	OFFICE 1	503 S WATSON ST , VISALIA CA 93277	559-623-9636	559-623-9951
	OFFICE 1	1105 N DOUTY ST STE A, HANFORD CA 93239	559-584-1664	
	OFFICE 3	1646 E HERNDON AVE STE 106, FRESNO CA 93720	559-554-2914	800-503-2042

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

Provider Specialty / Provider Name

---

**MARTINEZ GREGORY, S**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s) SPANISH, HMONG  
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
OFFICE 1	800 N ST , SANGER CA 93657	559-228-6600	
OFFICE 3	1205 EVERGREEN ST , SELMA CA 93662		559-226-3709
OFFICE 4	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709

---

**ADAPA SREEDHAR, R**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s)

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 N DOUTY ST STE B, HANFORD CA 93230	559-228-6600	559-226-3709

---

**ADAPA SREEDHAR, R**

Group Affiliation: ALTURA CENTERS FOR HEALTH

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1101 N CHERRY ST , TULARE CA 93274	559-686-9097	559-366-7060

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# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**VEMURI NIRUPAMA,**

Group Affiliation: **SIERRA VIEW NEPHROLOGY, INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	557 W MORTON AVE STE A, PORTERVILLE CA 93257	559-784-4925	559-784-4966

**ADAPA SREEDHAR, R**

Group Affiliation: **ERICK MADRIGAL M.D., M.B.A, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	222 W HENDERSON AVE , PORTERVILLE CA 93257		

**LEVY STEVEN, B**

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

Language(s)

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	800 N ST , SANGER CA 93657	559-228-6600	559-226-3709

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

Provider Specialty / Provider Name

---

**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	

**BARSOUM Y WILLIAM,**

Group Affiliation: **Y. WILLIAM BARSOUM, MD, INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	617 N AKERS ST , VISALIA CA 93291	559-697-6290	559-697-6291

**SAXENA NISHKARSH,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	20041 VALLEY BLVD STE 3, TEHACHAPI CA 93561	661-558-9999	661-588-9041

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

Provider Specialty / Provider Name

**DHINGRA HEMANT,**

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

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

**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

**ALI SLAMAT,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH PUNJABI	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

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

Provider Specialty / Provider Name

---

**SINGH JASJIT,**

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

Language(s)	Office #	Street:	Phone:	Fax:
URDU	OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
HINDU	OFFICE 1	800 N ST , SANGER CA 93657	559-228-6600	
PUNJABI	OFFICE 3	1205 EVERGREEN ST , SELMA CA 93662	559-228-6600	559-226-3709
	OFFICE 4	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709

---

**CHAPAGAIN BIKASH,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	568 E HERNDON AVE , FRESNO CA 93720	559-228-6600	559-226-3709
HINDI				
NEPALI				

---

**DHINDSA HARPREET, S**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
	OFFICE 1	800 N ST , SANGER CA 93657	559-228-6600	
	OFFICE 3	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709
	OFFICE 4	1205 EVERGREEN ST , SELMA CA 93662	559-228-6600	559-226-3709

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

Provider Specialty / Provider Name

---

**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

---

**HWANG MEI-TSUEY,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s)  
**MANDARIN**

Office #	Street:	Phone:	Fax:
OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
OFFICE 1	800 N ST , SANGER CA 93657	559-228-6600	
OFFICE 3	1205 EVERGREEN ST , SELMA CA 93662	559-228-6600	559-226-3709
OFFICE 4	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709

---

**CHEN WEI-TZUOH,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s)  
**CHINESE**

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

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

Provider Specialty / Provider Name

---

**SAXENA NISHKARSH,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	3933 COFFEE RD STE B, BAKERSFIELD CA 93308	661-588-9999	661-588-9041

**SAXENA NISHKARSH,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	432 LEXINGTON AVE STE A, DELANO CA 93215	661-588-9999	661-588-9041

**DORSAINVIL DOMINIQUE,**

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

Language(s) **SPANISH HMONG**  
**FRENCH**  
**HAITIAN**  
**CREOLE**

Office #	Street:	Phone:	Fax:
OFFICE 1	233 E 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 93230	559-228-6600	559-226-3709

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

Provider Specialty / Provider Name

---

**SAXENA NISHKARSH,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

Office #	Street:	Phone:	Fax:
OFFICE 1	6621 LAKE ISABELLA BLVD , LAKE ISABELLA CA 93240	661-588-9999	661-588-9041

---

**JAVED TARIQ,**

Group Affiliation: TARIQ JAVED M.D. INC

Language(s)  
**HINDU**  
**URDU**  
**PUNJABI**

Office #	Street:	Phone:	Fax:
OFFICE 1	515 S LOCUST ST , VISALIA CA 93277	559-625-8674	559-622-8727
OFFICE 1	390 PEARSON DR , PORTERVILLE CA 93257	559-793-4400	

---

**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

---

## Independent Medical Group - Tulare 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	661-588-9999	661-588-9041
OFFICE 1	3933 COFFEE RD STE B, BAKERSFIELD CA 93308	559-228-6600	
OFFICE 3	1205 GARCES HWY STE 101, DELANO CA 93215	559-228-6600	559-226-3709
OFFICE 4	6621 LAKE ISABELLA BLVD , LAKE ISABELLA CA 93240	661-588-9999	661-588-9041

**GURM HARMEET, S**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709
OFFICE 1	900 N DOUTY B , HANFORD CA 93230	559-228-6600	
OFFICE 3	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
OFFICE 4	568 E HERNDON AVE STE 104, FRESNO CA 93720	559-228-6600	559-226-3709

**JOSHI SUDHIR, S**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s)

HINDU  
PUNJABI

Office #	Street:	Phone:	Fax:
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	661-558-9999	
OFFICE 3	20041 VALLEY BLVD STE 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

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

Provider Specialty / Provider Name

---

**THOMAS MOHSEN,**

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	590 W PUTNAM AVE STE 2A, PORTERVILLE CA 93257	559-781-3700	559-339-1041
OFFICE 1	252 N HWY 65 , LINDSAY CA 93247	559-781-3700	

**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

**SURI ANURADHA,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
OFFICE 1	1205 EVERGREEN ST , SELMA CA 93662	559-228-6600	
OFFICE 3	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709
OFFICE 4	800 N ST , SANGER CA 93657	559-228-6600	559-226-3709

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

Provider Specialty / Provider Name

---

**GARCHA AMARINDER, S**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

---

**SANCHEZ RIVERA NEYSHA, J**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
	OFFICE 1	1205 EVERGREEN ST , SELMA CA 93662	559-228-6600	
	OFFICE 3	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709

---

**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

---

**NEUROLOGICAL SURGERY**

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

Provider Specialty / Provider Name

---

**SERXNER BENJAMIN, J**

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

---

**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**

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**RAHIMIFAR MAJID,**

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 - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**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**

---

### NEUROLOGY

**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**

---

**LIN JIAN, C**

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

Language(s)

**CANTONESE**

Office # Street:

Phone:

Fax:

**OFFICE 1 2701 F ST , BAKERSFIELD CA 93301 661-322-3008 661-479-8250**

---

## Independent Medical Group - Tulare 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	

**DANDAMUDI VENKATA,**

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)  
**HINDU**

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	

**ALEXAN-SHIRABAD RICHARD,**

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

Language(s) **SPANISH  
FRENCH  
ARMENIAN  
  
TURKISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4900 COMMERCE DR STE A, BAKERSFIELD CA 93309	661-395-0900	661-395-0700



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

Provider Specialty / Provider Name

---

**CHAHIL BOOTA, S**

**Group Affiliation: BOOTA S CHAHIL**

Language(s)

**PUNJABI**

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**117 N AKERS ST , VISALIA CA 93291**

**559-625-0202**

**661-206-4081**

**OFFICE 1**

**110 N D ST , PORTERVILLE CA 93257**

**559-625-0202**

**OFFICE 3**

**432 LEXINGTON ST STE C, DELANO CA 93215**

**559-625-0202**

**661-206-4081**

---

**CHAHIL BOOTA, S**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**1101 N CHERRY ST , TULARE CA 93274**

**559-686-9097**

**559-366-7060**

---

**JANAKIRAMAN VENKATESH,**

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

Language(s) **SPANISH**

**TAMIL**

**HINDU**

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**3400 CALLOWAY DR STE 100, BAKERSFIELD CA  
93312**

**661-776-3876**

**661-766-3876**

---

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

Provider Specialty / Provider Name

---

**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	

**RAVI VINUTHA,**

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

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

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

**THIAGARAJAN RAMU,**

Group Affiliation: **RAMU THIAGARAJAN, MD, A PROFESSIONAL CORPORATION**

Language(s)  
**TAMIL**

Office #	Street:	Phone:	Fax:
OFFICE 1	382 N PEARSON DR , PORTERVILLE CA 93257	559-783-0100	559-783-0200

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

Provider Specialty / Provider Name

---

**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	

**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

**SABETIAN KATAYOUN,**

Group Affiliation: **KATAYOUN SABETIAN MD INC**

Language(s)

**SPANISH**

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

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

Provider Specialty / Provider Name

---

**MAHENDRARAJAH SULAGSHAN,**

**Group Affiliation: MAHEEP SINGH BIRDI, MD**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

8355 BRIMHALL RD # 1100, BAKERSFIELD CA  
93312

661-432-7852

661-432-7852

---

**THIAGARAJAN RAMU,**

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

Language(s) SPANISH  
TAMIL

Office #

Street:

Phone:

Fax:

OFFICE 1

590 W PUTNAM AVE STE 2A, PORTERVILLE CA  
93257

559-781-3700

559-339-1041

---

**SALEHI HAMID, R**

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

Language(s) SPANISH  
FARSI

Office #

Street:

Phone:

Fax:

OFFICE 1

2601 OSWELL ST STE 101, BAKERSFIELD CA 93306

661-872-9999

661-872-1915

---

**NEUROLOGY/PEDIATRIC**

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

Provider Specialty / Provider Name

---

**DAVID RAYMUND, R**

Group Affiliation: **CHILD NEUROLOGY CENTER OF BAKERSFIELD INC.**

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

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>5701 YOUNG STREET BLDG C-203, BAKERSFIELD CA 93311</b>	<b>661-885-7008</b>	<b>888-977-3751</b>

---

### OBSTETRICS & GYNECOLOGY

**SHARMA RAHUL,**

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

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

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

**PEREZ LEONARD,**

Group Affiliation: **ADVENTIST HEALTH DELANO**

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

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

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

Provider Specialty / Provider Name

---

**SAUTTER CASEY, L**

**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>6107 N 1ST ST , FRESNO CA 93710</b>	<b>866-707-6664</b>	<b>661-459-1974</b>

---

**DENNIS-JOHNSON DEBBIE, A**

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

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

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

---

**DENNIS-JOHNSON DEBBIE, A**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

<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>
<b>OFFICE 1</b>	<b>2300 7TH ST , WASCO CA 93280</b>	<b>661-758-4184</b>	

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

Provider Specialty / Provider Name

---

**UNG FEEI FEEI, W**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1530 SHAW AVE , CLOVIS CA 93611	559-323-9133	559-495-3134
OFFICE 1	2210 E ILLINOIS AVE STE 406, FRESNO CA 93701	559-486-8888	
OFFICE 3	3812 N 1ST ST , FRESNO CA 93726	559-495-3120	559-495-3134

---

**BANKS SHIMEKA, L**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1101 N CHERRY ST , TULARE CA 93274	559-686-9097	559-366-7060

---

**WU EIJEAN,**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1225

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

Provider Specialty / Provider Name

---

**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	

---

**VICENTE RODOLFO, E**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1101 N CHERRY ST , TULARE CA 93274	559-686-9097	559-366-7060

---

**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

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

Provider Specialty / Provider Name

---

**PANG KIN,**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**  
**CANTONESE**  
**MANDARIN**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1101 N CHERRY ST , TULARE CA 93274</b>	<b>559-686-9097</b>	<b>559-366-7060</b>

---

**SHAKESPEARE CARY, S**

**Group Affiliation: GOOD SAMARITAN HOSPITAL, LP**

Language(s)

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

---

**ALLEN EDWARD, C**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

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 A200, BAKERSFIELD CA 93301</b>	<b>661-654-0200</b>	<b>661-326-1633</b>

---

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

Provider Specialty / Provider Name

---

**BETRE ABRAHAM,**

Group Affiliation: **ABRAHAM BETRE DO**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	925 E MERRITT AVE , TULARE CA 93274	559-688-6400	559-688-6500

**SINGLETON CHRYSAL, JL**

Group Affiliation: **SINGLETON OBSTETRICS & GYNECOLOGY MEDICAL CORPORATION.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	3410 MCCALL AVE STE 115, SELMA CA 93662	559-891-7390	559-891-7393

**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

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

Provider Specialty / Provider Name

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**BETRE ABRAHAM, M**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1101 N CHERRY ST , TULARE CA 93274</b>	<b>559-686-9097</b>	<b>559-366-7060</b>

---

**GEILING MICHAEL, D**

**Group Affiliation: MICHAEL D. GEILING, INC.**

Language(s)  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>254 N KESSING ST , PORTERVILLE CA 93257</b>	<b>559-781-8500</b>	<b>559-781-8300</b>

---

**SALAS JOSE, R**

**Group Affiliation: ERICK MADRIGAL M.D., M.B.A, INC.**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>833 SEQUOIA AVE , LINDSAY CA 93247</b>	<b>559-562-1361</b>	<b>559-784-5433</b>

---

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

Provider Specialty / Provider Name

---

**SALJOUGHY TOGROL,**

Group Affiliation: **TOGROL SALJOUGHY**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	115 E HONOLULU ST , LINDSAY CA 93247	559-562-2278	559-562-3666
FARSI				

---

**LOPEZ LUIS, F**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	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

---

**LOPEZ JUAN, M**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	4900 CALIFORNIA AVE , BAKERSFIELD CA 93309	866-707-6664	661-746-9197
	OFFICE 1	912 FREMONT ST , DELANO CA 93215	866-707-6664	

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## Independent Medical Group - Tulare 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				

---

**SABOGAL TAMAYO JUAN, C**

**Group Affiliation: KAWEAH DELTA HEALTH CARE DISTRICT**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	355 MONTE VISTA DR , DINUBA CA 93618	559-595-7650	559-635-6192
SPANISH	OFFICE 1	1014 SAN JUAN AVE , EXETER CA 93221	559-592-7300	

---

**BORBERG FRANCESCHI CHRISTIAN, J**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1101 N CHERRY ST , TULARE CA 93274	559-686-9097	559-366-7060

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

Provider Specialty / Provider Name

---

**RIVERA MARTHA, M**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	1203 N CHERRY ST , TULARE CA 93274	559-686-9097	559-366-7060

---

**HALL LYNOUS, W**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s)  
**SPANISH**

<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
OFFICE 1	425 DEL SOL PKWY , DELANO CA 93215	661-720-4011	

---

**LEE FENGLALY, C**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	2210 E ILLINOIS AVE STE 201, FRESNO CA 93701	559-266-2496	559-266-8560
OFFICE 1	2550 MERCED ST , FRESNO CA 93721	559-443-0170	
OFFICE 3	1530 SHAW AVE , CLOVIS CA 93611	559-323-9133	559-323-8070

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

Provider Specialty / Provider Name

---

**LICHTENSTEIN RON,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2210 E ILLINOIS AVE STE 406, FRESNO CA 93701	559-486-8888	559-486-8886
SPANISH	OFFICE 1	3812 N 1ST ST , FRESNO CA 93726	559-495-3120	
GERMAN	OFFICE 3	2405 TULARE ST , FRESNO CA 93721	559-558-4949	559-241-6510
HEBREW				

---

**RESENDIZ RIOS FAUSTINO, R**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1101 N CHERRY ST , TULARE CA 93274	559-686-9097	559-366-7060
SPANISH				

---

**MANGAT CHARNPAL, S**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2700 F ST STE 300 2ND FLR, BAKERSFIELD CA 93301	661-322-4902	661-322-4904
PUNJABI				
HINDI				

---

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

Provider Specialty / Provider Name

---

**LIU CORINNA, YH**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2210 E ILLINOIS AVE STE 201, FRESNO CA 93701	559-495-3120	559-443-0171
OFFICE 1	1530 SHAW AVE , CLOVIS CA 93611	559-495-3120	
OFFICE 3	2550 MERCED ST , FRESNO CA 93721	559-443-0170	559-443-0171
OFFICE 4	3812 N 1ST ST , FRESNO CA 93726	559-495-3120	559-495-3134

---

**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	

---

**SARRIA IVAN,**

Group Affiliation: **ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1101 N CHERRY ST , TULARE CA 93274	559-686-9097	559-366-7060

---



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

Provider Specialty / Provider Name

---

**BALDONADO JESUS, P**

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

Language(s) **SPANISH**

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

---

### OCCUPATIONAL THERAPY

**OBANDO HOWARD,**

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

Language(s)

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

**SANTANA MARIA,**

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

Language(s)

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

---

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

Provider Specialty / Provider Name

---

**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

**MATHER LINDA, K**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

5337 TRUXTUN AVE , BAKERSFIELD CA 93309

661-324-5520

661-328-0654

**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

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

Provider Specialty / Provider Name

---

**BIAGTAN CZARINA, MR**

**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

---

**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

**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

---

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LEARNED DANIEL, L**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5404 W CYPRESS AVE STE 101, VISALIA CA 93277	559-627-5200	559-627-5222

---

**NASIR MA'AN, A**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)  
**ARABIC**

Office #	Street:	Phone:	Fax:
OFFICE 1	5404 W CYPRESS AVE STE 101, VISALIA CA 93277	559-627-5200	559-627-5222
OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	

---

**KIM RICHARD, D J**

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

Language(s)  
**KOREAN**

Office #	Street:	Phone:	Fax:
OFFICE 1	2323 16TH ST STE 400, BAKERSFIELD CA 93301	800-898-2020	844-897-3788

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

Provider Specialty / Provider Name

---

**COUVILLION STEPHEN, S**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	5404 W CYPRESS AVE STE 101, VISALIA CA 93277	559-627-5200	559-627-5222
OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	

**KAYE DAVID, B**

Group Affiliation: DAVID B.KAYE, M.D., INC.

Language(s) SPANISH  
AFRIKAANS  
HEBREW

Office #	Street:	Phone:	Fax:
OFFICE 1	6767 N FRESNO ST , FRESNO CA 93710	559-432-1000	559-432-1034
OFFICE 1	2514 JENSEN ST STE 103, SANGER CA 93657	559-875-2000	
OFFICE 3	1011 W YOSEMITE AVE , MADERA CA 93637	559-673-6000	559-673-7119

**NGUYEN LOAN, K**

Group Affiliation: DAVID B.KAYE, M.D., INC.

Language(s) SPANISH, ARMENI  
SPANISH  
VIETNAMESE  
FRENCH

Office #	Street:	Phone:	Fax:
OFFICE 1	6767 N FRESNO ST , FRESNO CA 93710	559-432-1000	559-432-1034
OFFICE 1	2514 JENSEN ST STE 103, SANGER CA 93657	559-875-2000	

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

Provider Specialty / Provider Name

---

**PIERAMICI DANTE, J**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

5404 W CYPRESS AVE STE 101, VISALIA CA 93277

559-627-5200

559-667-5222

OFFICE 1

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA  
93309

661-325-4393

**STEINLE NATHAN, C**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5404 W CYPRESS AVE STE 101, VISALIA CA 93277

559-627-5200

559-627-5222

OFFICE 1

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA  
93309

661-325-4393

**HASNAIN SYED, S**

**Group Affiliation: SYED S. HASNAIN M.D.**

Language(s) SPANISH

URDU

PUNJABI

Office #

Street:

Phone:

Fax:

OFFICE 1

332 N VILLA ST , PORTERVILLE CA 93257

559-781-7482

559-781-8446

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

Provider Specialty / Provider Name

---

**ALEXANDRAKIS GEORGE,**

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

Language(s)

GREEK

Office #

OFFICE 1

Street:

1420 HIGH ST STE B, DELANO CA 93215

Phone:

559-782-8578

Fax:

559-782-8594

---

**DHOOT DILSHER, S**

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

Language(s) SPANISH

Office #

OFFICE 1

Street:

5404 W CYPRESS AVE STE 101, VISALIA CA 93277

Phone:

559-627-5200

Fax:

559-627-5222

OFFICE 1

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309

661-325-4393

---

**SEE ROBERT, F**

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

Language(s)

Office #

OFFICE 1

Street:

5404 W CYPRESS AVE STE 101, VISALIA CA 93277

Phone:

559-627-5200

Fax:

559-627-5222

OFFICE 1

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309

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661-325-4393

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

Provider Specialty / Provider Name

---

**SUNALP MURAD, A**

**Group Affiliation: SUNALP LASER VISION INC**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>880 E MERRITT AVE STE 109, TULARE CA 93274</b>	<b>559-688-2020</b>	<b>559-688-8526</b>

**YAPLEE STEVEN, M**

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

Language(s)  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>9700 BRIMHALL RD , BAKERSFIELD CA 93312</b>	<b>661-631-2020</b>	<b>661-829-8657</b>
<b>OFFICE 1</b>	<b>1519 GARCES HWY STE 101, DELANO CA 93215</b>	<b>661-721-2020</b>	

**LEIBOWITZ STEVEN,**

**Group Affiliation: STEVEN LEIBOWITZ, MD. INC., A PROFESSIONAL CORPORATION**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>5301 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309</b>	<b>661-412-2322</b>	<b>702-255-9308</b>



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

Provider Specialty / Provider Name

---

**CASTELLARIN ALESSANDRO, A**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5404 W CYPRESS AVE STE 101, VISALIA CA 93277	559-627-5200	559-627-5222
ITALIAN	OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	

---

**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

---

**AVERY ROBERT, L**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5404 W CYPRESS AVE STE 101, VISALIA CA 93277	559-627-5200	559-627-5222
	OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	

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## Independent Medical Group - Tulare 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

**BIANCO LUKE, S**

Group Affiliation: **LUKE S. BIANCO, M.D., INC.**

Language(s)  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	505 N CHURCH ST , VISALIA CA 93291	559-429-4378	559-623-9630

### OPTOMETRY

**BAJWA RANJEET,**

Group Affiliation: **ERICK MADRIGAL M.D., M.B.A, INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	833 SEQUOIA AVE , LINDSAY CA 93247	559-562-1361	559-784-5433

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

Provider Specialty / Provider Name

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**BANDAK DIANA,**

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

Language(s)

ARABIC  
SPANISH

Office #

OFFICE 1

Street:

2323 16TH ST STE 400, BAKERFIELD CA 93301

Phone:

800-898-2020

Fax:

844-897-3788

---

**SUORSA TIMOTHY, P**

**Group Affiliation: TIMOTHY SUORSA, O.D.**

Language(s)

SPANISH

Office #

OFFICE 1

Street:

524 W PUTNAM AVE , PORTERVILLE CA 93257

Phone:

559-784-5127

Fax:

559-784-4288

---

**REBER DOUGLAS, C**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s)

SPANISH  
SPANISH

Office #

OFFICE 1

Street:

525 ROBERTS LN , BAKERSFIELD CA 93308

OFFICE 1

2101 7TH ST STE B, WASCO CA 93280

OFFICE 3

4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313

Phone:

866-707-6664

866-707-6664

866-707-6664

Fax:

661-746-9197

661-746-9197

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

Provider Specialty / Provider Name

---

**KALBAKJI NATALY,**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2323 16TH ST STE 400, BAKERSFIELD CA 93301</b>	<b>800-898-2020</b>	<b>844-897-3788</b>

**NGUYEN ALAIN, H**

**Group Affiliation: ALAIN NGUYEN, PROFESSIONAL OPTOMETRIC CORPORATION**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>3880 GOSFORD RD STE 200, BAKERSFIELD CA 93309</b>	<b>661-396-7772</b>	<b>661-396-7773</b>
<b>OFFICE 1</b>	<b>2020 NILES ST UNIT A, BAKERSFIELD CA 93305</b>	<b>661-871-7770</b>	

### ORAL/MAXILLOFACIAL SURGERY

**ZAIDI AHMED, B**

**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 - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WOO BRIAN, 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

**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

**WOO BRIAN, M**

**Group Affiliation: BRIAN M. WOO ,D.D.S., M.D., INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	290 N WAYTE LN , FRESNO CA 93701	559-459-4101	559-459-5744

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

Provider Specialty / Provider Name

---

**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

---

### ORTHOPAEDIC SURGERY

**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

---

**LE BRUCE, N**

Group Affiliation: **ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

820 S AKERS ST STE 220, VISALIA CA 93277

559-733-3346

559-733-5059

---

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

Provider Specialty / Provider Name

---

**CRINER SETH, H**

**Group Affiliation: ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

820 S AKERS ST STE 220, VISALIA CA 93277

559-733-3346

559-733-5059

**SRIVASTAVA PRAMOD, K**

**Group Affiliation: PRAMOD K. SRIVASTAVA**

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

Office #

Street:

Phone:

Fax:

OFFICE 1

110 N D ST , PORTERVILLE CA 93257

559-782-5177

559-782-5176

OFFICE 1

432 LEXINGTON AVE STE C, DELANO CA 93215

661-725-0713

**WAHBA GEORGE, M**

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

Language(s) **SPANISH  
ARABIC**

Office #

Street:

Phone:

Fax:

OFFICE 1

300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-664-2300

661-663-6711

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

Provider Specialty / Provider Name

---

**DUNCAN IAN, C**

**Group Affiliation: ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	820 S AKERS ST STE 220, VISALIA CA 93277	559-733-3346	559-733-5059

---

**KIM JUN,**

**Group Affiliation: ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	820 S AKERS ST STE 220, VISALIA CA 93277	559-733-3346	559-733-5059

---

**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

---



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

Provider Specialty / Provider Name

---

**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

**DUNCAN IAN, C**

Group Affiliation: **SEQUOIA MULTISPECIALTY MEDICAL GROUP**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4050 S DEMAREE ST , VISALIA CA 93277	559-302-8169	559-345-9667

**WAHBA GEORGE, M**

Group Affiliation: **GEORGE M. WAHBA, M.D., INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	300 OLD RIVER RD STE 200, BAKERSFIELD CA 93311	661-664-2300	661-663-6711

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

Provider Specialty / Provider Name

---

**TAN TIMOTHY, L**

Group Affiliation: SEQUOIA INSTITUTE FOR SURGICAL SERVICES INC.

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

Office #	Street:	Phone:	Fax:
OFFICE 1	2300 W SUNNYSIDE AVE , VISALIA CA 93277	559-731-2009	866-833-7251

---

**LESTER DON, K**

Group Affiliation: D. KEVIN LESTER, M.D. INC.

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

Office #	Street:	Phone:	Fax:
OFFICE 1	6085 N 1ST ST STE 101, FRESNO CA 93710	559-431-2332	559-431-3784

---

**DANIELS MATHIAS, W**

Group Affiliation: ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	820 S AKERS ST STE 220, VISALIA CA 93277	559-733-3346	559-733-5059

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

Provider Specialty / Provider Name

---

**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

**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

### ORTHOPEDIC SURGERY

**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	5596242000	
OFFICE 3	263 PEARSON DR , PORTERVILLE CA 93257	5597841110	

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

Provider Specialty / Provider Name

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### OTOLARYNGOLOGY HEAD AND NECK SURGERY

**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

**SMITH LONNIE, R**

Group Affiliation: **ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1101 N CHERRY ST , TULARE CA 93274	559-686-9097	559-366-7060

**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

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

Provider Specialty / Provider Name

---

**SINGH JAGDEV,**

Group Affiliation: **JAGDEV SINGH**

Language(s)

**PUNJABI  
HINDU**

Office #

**OFFICE 1**

Street:

**6101 N FRESNO ST STE 102, FRESNO CA 93710**

Phone:

**559-435-5576**

Fax:

**559-435-4618**

---

**DUARTE VICTOR, M**

Group Affiliation: **OMFS CARE CENTER PARTNERS**

Language(s)

**SPANISH**

Office #

**OFFICE 1**

Street:

**215 N FRESNO ST STE 490, FRESNO CA 93701**

Phone:

**559-459-6114**

Fax:

**559-459-5744**

---

### PAIN MANAGEMENT

**WILSON CHRISTOPHER, E**

Group Affiliation: **PAIN INSTITUTE OF CENTRAL CALIFORNIA, INC.**

Language(s) **SPANISH**

**SPANISH**

Office #

**OFFICE 1**

Street:

**9802 STOCKDALE HWY STE 105, BAKERSFIELD CA  
93311**

Phone:

**661-665-7880**

Fax:

**661-665-7811**

---

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

Provider Specialty / Provider Name

---

**PARMAR ASHOK, M**

**Group Affiliation: PAIN CLINICS OF CENTRAL CALIFORNIA, INC.**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2350 W WHITENDALE AVE , VISALIA CA 93277</b>	<b>833-478-1818</b>	<b>833-478-1817</b>

---

**MOZINGO RALPH, D**

**Group Affiliation: HULLANDER AND MOZINGO LP**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2901 SILLECT AVE STE 200, BAKERSFIELD CA 93308</b>	<b>661-401-6150</b>	<b>805-563-0364</b>

---

**WASHINGTON DEIRDRE,**

**Group Affiliation: WASHINGTON & ASSOCIATES**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>5329 OFFICE CENTER CT STE 110, BAKERSFIELD CA 93309</b>	<b>661-862-8582</b>	<b>661-852-8582</b>

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## Independent Medical Group - Tulare 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:
OFFICE 1	3850 RIVERLAKES DRIVE STE B, BAKERSFIELD CA 93312	661-241-9338	661-402-3540

---

**PAIN MEDICINE**

**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

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

Provider Specialty / Provider Name

---

**PIRES DAVID, C**

Group Affiliation: **HULLANDER AND MOZINGO LP**

Language(s) <b>SPANISH</b>	Office #	Street:	Phone:	Fax:
<b>SPANISH</b>	<b>OFFICE 1</b>	<b>2901 SILLECT AVE STE 200, BAKERSFIELD CA</b>	<b>661-401-6150</b>	<b>805-563-0364</b>
<b>PORTUGUESE</b>		<b>93308</b>		

**MONTERO WINSTON,**

Group Affiliation: **PAIN CLINICS OF CENTRAL CALIFORNIA, INC.**

Language(s) <b>SPANISH</b>	Office #	Street:	Phone:	Fax:
	<b>OFFICE 1</b>	<b>5771 N FRESNO ST STE 101, FRESNO CA 93710</b>	<b>833-478-1818</b>	<b>833-478-1817</b>

---

### PEDIATRICS

**RUERAS MARIA CECILIA, M**

Group Affiliation: **COASTAL KIDS, A PROFESSIONAL MEDICAL CORPORATION**

Language(s) <b>SPANISH</b>	Office #	Street:	Phone:	Fax:
<b>TAGALOG</b>	<b>OFFICE 1</b>	<b>9508 STOCKDALE HWY STE 150, BAKERSFIELD CA</b>	<b>661-663-7500</b>	<b>661-663-3063</b>
<b>SPANISH</b>		<b>93311</b>		



# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**AMIN HASMUKH, C**

**Group Affiliation: COASTAL KIDS, A PROFESSIONAL MEDICAL CORPORATION**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>9508 STOCKDALE HWY STE 150, BAKERSFIELD CA 93311</b>	<b>661-663-7500</b>	<b>661-663-3063</b>

**YOUNG MATT, N**

**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>

**BUSTAMANTE JAVIER,**

**Group Affiliation: COASTAL KIDS, A PROFESSIONAL MEDICAL CORPORATION**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>300 OLD RIVER RD STE 105, BAKERSFIELD CA 93311</b>	<b>661-663-4700</b>	<b>661-663-4740</b>
<b>OFFICE 1</b>	<b>1215 34TH ST , BAKERSFIELD CA 93301</b>	<b>661-663-4700</b>	

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

Provider Specialty / Provider Name

---

**LAVADIA ELSA, T**

**Group Affiliation: COASTAL KIDS, A PROFESSIONAL MEDICAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
TAGALOG	OFFICE 1	300 OLD RIVER RD STE 105, BAKERSFIELD CA 93311	661-663-4700	661-663-4740
	OFFICE 1	1215 34TH ST , BAKERSFIELD CA 93301	661-663-4700	

---

### PHYSICAL MEDICINE AND REHABILITATION

**ANDERSON BRADFORD, A**

**Group Affiliation: BRADFORD ANDERSON, MD, INC., A PROFESSIONAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH SPANISH	OFFICE 1	2203 19TH ST , BAKERSFIELD CA 93301	661-616-5726	661-873-4664

**NASR HANY, M**

**Group Affiliation: HANY NASR, MD, INC., A PROFESSIONAL CORPORATION**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	201 E NOBLE AVE , VISALIA CA 93277	559-627-6500	559-627-6501
	OFFICE 1	76 N D ST STE A, PORTERVILLE CA 93257	559-627-6500	
	OFFICE 3	729 MEDICAL CENTER DR W STE 201, CLOVIS CA 93611	559-207-3473	559-207-3476

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

Provider Specialty / Provider Name

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**MATSUO SAMUEL, I**

Group Affiliation: **KAWEAH REHAB GROUP, INC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	840 S AKERS ST , VISALIA CA 93277	559-300-9777	559-750-4777

---

**MATSUO SAMUEL, I**

Group Affiliation: **VISALIA REHAB GROUP INC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	840 S AKERS ST , VISALIA CA 93277	559-777-6776	559-940-6818

---

**DIRKX BENJAMIN,**

Group Affiliation: **PAIN CLINICS OF CENTRAL CALIFORNIA, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2350 W WHITENDALE AVE , VISALIA CA 93277	833-478-1818	833-478-1817
OFFICE 1	3751 E SHIELDS AVE , FRESNO CA 93726	833-478-1818	

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**PHYSICAL THERAPY**

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

Provider Specialty / Provider Name

---

**SIMUNOVIC BLASENKO,**

**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**

---

**LI WALTER CHUNG, K**

**Group Affiliation: LAI NA JUNG LI**

Language(s)

Office # Street:

Phone:

Fax:

**CHINESE**

**OFFICE 1 623 MAIN ST , DELANO CA 93215**

**661-474-2600**

**661-474-2601**

**CANTONESE**

---

**GUERRERO YANELLI,**

**Group Affiliation: SUMMIT WELLNESS CENTERS, INC.**

Language(s)

Office # Street:

Phone:

Fax:

**OFFICE 1 921 G ST , REEDLEY CA 93654**

**559-638-9200**

**559-638-9208**

---

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

Provider Specialty / Provider Name

---

**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

---

**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

---

**NASR SAMEH, M**

Group Affiliation: **ST. MARY PHYSICAL THERAPY, INC.**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**ARABIC**

OFFICE 1

1524 W MINERAL KING AVE , VISALIA CA 93291

559-372-8414

559-372-8409

---

## Independent Medical Group - Tulare 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	

**MOHR CHRISTOPHER, J**

Group Affiliation: **SUMMIT WELLNESS CENTERS, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	921 G ST , REEDLEY CA 93654	559-638-9200	559-638-9208

**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

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

Provider Specialty / Provider Name

---

**SANDERS CHRISTIAN, C**

Group Affiliation: **SUMMIT WELLNESS CENTERS, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2660 WHITSON ST , SELMA CA 93662	559-896-6565	559-896-5740
	OFFICE 1	921 G ST , REEDLEY CA 93654	559-638-9200	
	OFFICE 3	2747 W BULLARD AVE STE 105, FRESNO CA 93711	559-261-1425	559-261-4573

---

**GENIS JOSHUA, T**

Group Affiliation: **BACCI & GLINN PHYSICAL THERAPY, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	331 N 11TH AVE , HANFORD CA 93230	559-582-1027	559-582-8105

---

**VERHEUL ERIC, W**

Group Affiliation: **ERIC W. VERHEUL PT PHYSICAL THERAPY**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	401 W LACEY BLVD , HANFORD CA 93230	559-582-2781	559-582-5985

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

Provider Specialty / Provider Name

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**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

**ERICKSON PETER,**

**Group Affiliation: SUMMIT WELLNESS CENTERS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2660 WHITSON ST , SELMA CA 93662	559-896-6565	559-896-5740
OFFICE 1	921 G ST , REEDLEY CA 93654	559-638-9200	
OFFICE 3	2747 W BULLARD AVE STE 105, FRESNO CA 93711	559-261-1425	559-261-4573

**ESKEW JARED,**

**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



## Independent Medical Group - Tulare 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

---

**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

---

**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

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## Independent Medical Group - Tulare 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

**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

**SALPEKAR ASHWINI,**

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 - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RIECKENBERG CHAD, B**

**Group Affiliation: BACCI & GLINN PHYSICAL THERAPY, INC.**

Language(s) **SPANISH MEIN S**

Office #	Street:	Phone:	Fax:
OFFICE 1	5533 W HILLSDALE AVE STE A, VISALIA CA 93291	559-733-2478	559-733-2470
OFFICE 1	331 N 11TH AVE , HANFORD CA 93230	559-582-1027	

---

**ZABALA KEITH, R**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2838 OSWELLL 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

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

Provider Specialty / Provider Name

---

**MOHR MINDI, L**

**Group Affiliation: SUMMIT WELLNESS CENTERS, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	921 G ST , REEDLEY CA 93654	559-638-9200	559-638-9208

**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

**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

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

Provider Specialty / Provider Name

---

**GAITONDE SATISH, S**

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

Language(s)

TAGALOG

Office #

OFFICE 1

Street:

2603 G ST , BAKERSFIELD CA 93301

Phone:

661-634-9440

Fax:

661-634-9506

---

**SHEFFIELD SAMUEL, B**

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

Language(s) SPANISH

Office #

OFFICE 1

Street:

4004 PANAMA LN STE 100, BAKERSFIELD CA  
93313

Phone:

661-377-1700

Fax:

661-616-9199

---

**ROGERS TAYLOR, D**

**Group Affiliation: PHYS MED. A PHYSICAL THERAPY CORPORATION**

Language(s) SPANISH

Office #

OFFICE 1

Street:

1350 O ST STE 201, FRESNO CA 93721

OFFICE 1

7033 N FRESNO ST STE 202, FRESNO CA 93720

Phone:

559-478-5327

559-438-4300

Fax:

559-478-5715

---

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

Provider Specialty / Provider Name

---

**MCGUIRE LEIF, E**

**Group Affiliation: MCGUIRE PHYSICAL THERAPY, INC.**

Language(s) **ARMENIAN, SPAN**

Office #	Street:	Phone:	Fax:
OFFICE 1	1700 E BULLARD AVE STE 102, FRESNO CA 93710	559-438-8531	559-438-8307

---

**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

---

**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

---

## Independent Medical Group - Tulare 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

---

**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

---

**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

---

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

Provider Specialty / Provider Name

---

**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

---

**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

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**PROEN NICHOLAS, C**

**Group Affiliation: MCGUIRE PHYSICAL THERAPY, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1700 E BULLARD AVE STE 102, FRESNO CA 93710

559-438-8531

559-438-8307

---



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

Provider Specialty / Provider Name

---

**HERRERA FRESCO, O**

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

Language(s)

TAGALOG

Office #

OFFICE 1

Street:

5337 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-324-0122

Fax:

661-324-0830

---

**OBREGON OSCAR,**

**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

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661-616-9199

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**OLIVEIRA CHADWICK, E**

**Group Affiliation: MCGUIRE PHYSICAL THERAPY, INC.**

Language(s)

Office #

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Phone:

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Fax:

559-438-8307

---

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

Provider Specialty / Provider Name

---

**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	

**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

**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

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

Provider Specialty / Provider Name

---

**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

---

**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

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**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

---

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

Provider Specialty / Provider Name

---

**DEVRIES BLAKE,**

**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

---

**DELLOTA CHRISTOPHER, A**

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

Language(s)

Office #

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Phone:

Fax:

OFFICE 1

2838 OSWELL ST , BAKERSFIELD CA 93306

661-377-1700

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---

**KIRSCHENMANN RYAN, T**

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

Language(s) **SPANISH**

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Street:

Phone:

Fax:

OFFICE 1

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661-324-0122

661-324-0830

OFFICE 1

20418 BRIAN WAY UNIT 5, TEHACHAPI CA 93561

661-822-5483

---

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

Provider Specialty / Provider Name

---

**WATERHOUSE DAWN, L**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

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93301

661-377-1700

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

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---

**LEESCH MARTIN,**

**Group Affiliation: SUMMIT WELLNESS CENTERS, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2660 WHITSON ST , SELMA CA 93662

559-896-6565

559-896-5740

OFFICE 1

921 G ST , REEDLEY CA 93654

559-638-9200

OFFICE 3

2747 W BULLARD AVE STE 105, FRESNO CA 93711

559-261-1425

559-261-4573

---

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

Provider Specialty / Provider Name

---

**VERHEUL MARGARET,**

**Group Affiliation: ERIC W. VERHEUL PT PHYSICAL THERAPY**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

401 W LACEY BLVD , HANFORD CA 93230

559-582-2781

559-582-5985

---

**WEBER MORGAN, E**

**Group Affiliation: BACCI & GLINN PHYSICAL THERAPY, INC.**

Language(s) SPANISH, MEIN, S

Office #

Street:

Phone:

Fax:

OFFICE 1

5533 W HILLSDALE AVE STE A, VISALIA CA 93291

559-733-2478

559-733-2470

OFFICE 1

331 N 11TH AVE , HANFORD CA 93230

559-582-1027

---

**NEWTON REBECCA, M**

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

Language(s) SPANISH

Office #

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Phone:

Fax:

OFFICE 1

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661-377-1700

661-616-9199

---

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

Provider Specialty / Provider Name

---

**TERRIO TIMOTHY, J**

**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

---

**HARRIS CARYN, A**

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

Language(s)

Office #

Street:

Phone:

Fax:

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661-377-1700

661-616-9199

---

**HARRIS GREGORY, W**

**Group Affiliation: MCGUIRE PHYSICAL THERAPY, INC.**

Language(s) ARMENIAN, SPAN

Office #

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Phone:

Fax:

OFFICE 1

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559-438-8531

559-438-8307

---

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

### Provider Specialty / Provider Name

---

**KIMBER BRENDON, R**

Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2601 OSWELL ST STE 105, BAKERSFIELD CA 93306	661-871-5908	661-871-5647

---

**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

---

**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 - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BACCI ROBERT,**

**Group Affiliation: BACCI & GLINN PHYSICAL THERAPY, INC.**

Language(s) **SPANISH MEIN S**

Office #	Street:	Phone:	Fax:
OFFICE 1	5533 W HILLSDALE AVE STE A, VISALIA CA 93291	559-733-2478	559-733-2470
OFFICE 1	331 N 11TH AVE , HANFORD CA 93230	559-582-1027	

---

**NEWTON GREGORY, K**

**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

---

### PLASTIC SURGERY

**DEV VIPUL, R**

**Group Affiliation: CALIFORNIA INSTITUTE OF COSMETIC & RECONSTRUCTIVE SURGERY, A MEDICAL CORPORATION**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	2901 SILLECT AVE STE 201, BAKERSFIELD CA 93308	661-327-2101	661-327-2554

**SPANISH**

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

Provider Specialty / Provider Name

---

**MAJIDIAN ALEXANDER, M**

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

Language(s)

SPANISH

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Street:

420 34TH ST , BAKERSFIELD CA 93301

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661-633-2876

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**BAUGHMAN ETHAN, J**

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

Language(s)

SPANISH

SPANISH

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Fax:

661-327-0576

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**MAFI PARHAM,**

Group Affiliation: **CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s)

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7130 N MILLBROOK AVE , FRESNO CA 93720

Phone:

559-326-1222

Fax:

559-326-1225

---

## Independent Medical Group - Tulare 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

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---

**GROSSMAN PETER, H**

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

Language(s)

Office #

Street:

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Fax:

SPANISH

OFFICE 1

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661-633-2876

661-327-0576

---

### PODIATRIC MEDICINE

**KOELEWYN KRISTOPHER, S**

Group Affiliation: **ERICK MADRIGAL M.D., M.B.A, INC.**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

833 SEQUOIA AVE , LINDSAY CA 93247

559-562-1361

559-784-5433

---

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

Provider Specialty / Provider Name

---

**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	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	

**RAHMAN KAZI, S**

**Group Affiliation: ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	820 S AKERS ST STE 220, VISALIA CA 93277	559-733-3346	559-733-5059

**PASABOC LIVIU,**

**Group Affiliation: STOCKDALE PODIATRY GROUP, INC.**

Language(s)

**SPANISH**

**ROMANIAN**

**GERMAN**

Office #	Street:	Phone:	Fax:
OFFICE 1	448 W PUTNAM AVE , PORTERVILLE CA 93257	559-784-3118	559-784-7486
OFFICE 1	1519 GARCES HWY STE 107, DELANO CA 93215	661-725-1664	
OFFICE 3	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	661-832-7145

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

Provider Specialty / Provider Name

---

**SHAH KATHAN,**

**Group Affiliation: ERICK MADRIGAL M.D., M.B.A, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	833 SEQUOIA AVE , LINDSAY CA 93247	559-562-1361	559-789-9828

**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

**CONLEY ALEXIS,**

**Group Affiliation: STOCKDALE PODIATRY GROUP, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145

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

Provider Specialty / Provider Name

---

**SHAH KATHAN, D**

Group Affiliation: **CLINICA EL LAGO, INC.**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>101 N PALM ST , WOODLAKE CA 93286</b>	<b>559-564-1100</b>	<b>559-564-1101</b>

---

**CHUANG SOHRABI CATHY, T**

Group Affiliation: **STOCKDALE PODIATRY GROUP, INC.**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>4946 W MINERAL KING AVE , VISALIA CA 93291</b>	<b>559-624-1405</b>	<b>559-624-1746</b>
<b>OFFICE 1</b>	<b>1086 N CHERRY ST , TULARE CA 93274</b>	<b>661-832-1667</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>

---

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

Provider Specialty / Provider Name

---

**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

---

**KRALL VICTOR, G**

Group Affiliation: **TULE RIVER INDIAN HEALTH CENTER, INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	380 N RESERVATION RD , PORTERVILLE CA 93257	559-784-2316	559-791-2533

---

**NELSON THOMAS, D**

Group Affiliation: **STOCKDALE PODIATRY GROUP, INC.**

Language(s) **SPANISH  
SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1519 GARCES HWY , DELANO CA 93215	661-725-1664	661-832-7145
OFFICE 1	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	

---

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

Provider Specialty / Provider Name

---

**MOTOS RICHARD, R**

Group Affiliation: SEQUOIA PODIATRY GROUP, INC.

Language(s) **SPANISH**

Office # Street:

Phone:

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OFFICE 1 308 S JOHNSON ST , VISALIA CA 93291

559-734-1171

559-734-6849

---

**LIN TZU LU,**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**MANDARIN**

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,**

Group Affiliation: SIERRA PODIATRY CORPORATION

Language(s)

Office # Street:

Phone:

Fax:

OFFICE 1 2914 W. MAIN ST , VISALIA CA 93291

559-740-6761

---



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

Provider Specialty / Provider Name

---

**MAY TYLER, P**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

912 FREMONT ST , DELANO CA 93215

866-707-6664

661-772-5336

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**VO TIMOTHY,**

Group Affiliation: **STOCKDALE PODIATRY GROUP, INC.**

Language(s)

Office #

Street:

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VIETNAMESE

OFFICE 1

110 NEW STINE RD , BAKERSFIELD CA 93309

661-832-1667

661-832-7145

---

**MARMOLEJO RONALD, P**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**SPANISH**

OFFICE 1

590 W PUTNAM AVE STE 2A, PORTERVILLE CA 93257

559-781-3700

559-339-1041

OFFICE 1

825 N SEQUOIA AVE , LINDSAY CA 92347

559-562-1960

OFFICE 3

252 N HWY 65 , LINDSAY CA 93247

559-781-1230

---

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

Provider Specialty / Provider Name

---

**NELSON TERRY,**

Group Affiliation: **SIERRA PODIATRY CORPORATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2914 W. MAIN ST , VISALIA CA 93291

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**FLOREK DEREK,**

Group Affiliation: **SIERRA PODIATRY CORPORATION**

Language(s)

Office #

Street:

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2914 W. MAIN ST , VISALIA CA 93291

559-740-6761

**FLORA KIM, D**

Group Affiliation: **ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1101 N CHERRY ST , TULARE CA 93274

559-686-9097

559-366-7060

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

Provider Specialty / Provider Name

---

**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

---

**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	

---

**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	

---

**PSYCHIATRY**

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

Provider Specialty / Provider Name

---

**MOHANKUMAR HONNUDIKE, T**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1022 CALLOWAY DR , BAKERSFIELD CA 93312	866-707-6664	661-746-9197
HINDI				
KANNADA	OFFICE 1	3800 MALL VIEW RD , BAKERSFIELD CA 93306	866-707-6664	

---

**GUMUSANELI ERGI,**

Group Affiliation: **ERICK MADRIGAL M.D., M.B.A, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	833 SEQUOIA AVE , LINDSAY CA 93247	559-562-1361	559-789-9828

---

**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

---

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

Provider Specialty / Provider Name

---

**KAUR JAGDEEP,**

Group Affiliation: **COMMUNITY HEALTH CENTERS OF AMERICA**

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

Office # Street:  
**OFFICE 1 733 3RD ST , MCFARLAND CA 93250**

Phone:  
**661-792-3097**

Fax:  
**661-792-3095**

---

**KALMAN LESLIE,**

Group Affiliation: **COMMUNITY HEALTH CENTERS OF AMERICA**

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

Office # Street:  
**OFFICE 1 733 3RD ST , MCFARLAND CA 93250**

Phone:  
**661-792-3097**

Fax:  
**661-792-3095**

---

**BODAPATI NAGA, V**

Group Affiliation: **OMNI FAMILY HEALTH**

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

Office # Street:  
**OFFICE 1 210 N CHESTER AVE , BAKERSFIELD CA 93307**  
**OFFICE 1 1451 WHITE LN , BAKERSFIELD CA 93307**  
**OFFICE 3 4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93309**  
**OFFICE 4 1022 CALLOWAY DR , BAKERSFIELD CA 93312**

Phone:  
**866-707-6664**  
**866-707-6664**  
**866-707-6664**  
**866-707-6664**

Fax:  
**661-746-9197**  
  
**661-746-9197**  
**661-746-9197**

---

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

### Provider Specialty / Provider Name

---

**HALL STEPHANIE,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:

**OFFICE 1 4131 MING AVE , BAKERSFIELD CA 93309**

Phone:

**866-707-6664**

Fax:

**661-746-9197**

---

**CRUZ HERBERT, A**

Group Affiliation: **OMNI FAMILY HEALTH**

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

Office # Street:

**OFFICE 1 2505 MERCED ST , FRESNO CA 93721**

Phone:

**866-707-6664**

Fax:

**661-746-9197**

---

### PSYCHOLOGY

**BUCKNER CHRISTINA, M**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)

Office # Street:

**OFFICE 1 210 N. CHESTER AV , BAKERSFIELD CA 93308**

Phone:

**866-707-6664**

Fax:

**661-746-9197**

---

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

Provider Specialty / Provider Name

---

**MACHADO FREDERICK,**

Group Affiliation: **OMNI FAMILY HEALTH**

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

Office # Street:  
**OFFICE 1 912 FREMONT ST , DELANO CA 93215**

Phone:  
**866-707-6664**

Fax:  
**661-746-9197**

---

**WAUGH DEANNA, A**

Group Affiliation: **REEDLEY COMMUNITY HOSPITAL**

Language(s)

Office # Street:  
**OFFICE 1 1025 N DOUTY ST , HANFORD CA 93230**

Phone:  
**559-537-0246**

Fax:  
**559-537-0247**

---

**TONG KATHERINE,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:  
**OFFICE 1 659 S CENTRAL VALLEY HWY , SHAFTER CA**  
**OFFICE 1 4900 CALIFORNIA AVE STE 400B, BAKERSFIELD**  
**CA 93309**

Phone:  
**866-707-6664**  
**866-707-6664**

Fax:  
**661-746-9197**

---

**PULMONARY DISEASE**

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

Provider Specialty / Provider Name

---

**SANDHU HARPREET, S**

Group Affiliation: **HARPREET S. SANDHU**

Language(s)

HINDU  
PUNJABI

Office #  
OFFICE 1

Street:  
200 N G ST , PORTERVILLE CA 93257

Phone:  
559-788-0818

Fax:  
559-788-0150

---

**VAGHASIA PRAMIL, B**

Group Affiliation: **PRIME PULMONARY & SLEEP MEDICINE CENTER, INC.**

Language(s)

SPANISH  
SPANISH  
GUJARATI

Office #  
OFFICE 1  
  
OFFICE 1

Street:  
8305 BRIMHALL RD STE 1601, BAKERSFIELD CA  
93312  
1205 GARCES HWY STE 203, DELANO Ca 93215

Phone:  
661-695-6777  
  
661-725-6910

Fax:  
845-853-6738

---

**LAUGHLIN ROBERT, L**

Group Affiliation: **ROBERT L. LAUGHLIN, M.D., INC.**

Language(s)

Office #  
OFFICE 1

Street:  
3838 SAN DIMAS ST STE A250, BAKERSFIELD CA  
93301

Phone:  
661-323-5300

Fax:  
661-323-5455

---



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

Provider Specialty / Provider Name

---

**SANDHU HARPREET, S**

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	590 W PUTNAM AVE STE 2A, PORTERVILLE CA 93257	559-781-3700	559-339-1041
OFFICE 1	252 N HWY 65 , LINDSAY CA 93247	559-781-3700	

**HANSA SAHAPHUN, N**

**Group Affiliation: S. NICK HANSA, M.D., INC.**

Language(s)  
**TAHI**

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-323-5300	661-323-5455

**GOYAL RAJAN,**

**Group Affiliation: RAJAN GOYAL, M.D., INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	5531 BUSINESS PARK S STE 201, BAKERSFIELD CA 93309	661-324-7300	661-324-7306

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

Provider Specialty / Provider Name

---

### RADIATION ONCOLOGY

**LY DAVID,** Group Affiliation: SEQUOIA RADIATION ONCOLOGY SERVICES, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	4945 W CYPRESS AVE STE A, VISALIA CA 93277	559-624-3100	559-635-4043
	OFFICE 1	1443 W 7TH ST , HANFORD CA 93230	559-585-7115	

---

**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

---

**MONSON JEDIDIAH, M** Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1225

---

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

**Provider Specialty / Provider Name**

---

**CHANG-HALPENNY CHRISTINE, N**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

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

Office # Street:  
**OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720**

Phone:  
**559-326-1222**

Fax:  
**559-326-1225**

---

**GORLA GIRIDHAR, G**

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

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

Office # Street:  
**OFFICE 1 6501 TRUXTUN AVE , BAKERSFIELD CA 93309**

Phone:  
**661-322-2206**

Fax:  
**661-322-7027**

---

**BATTH SUKHJEET, S**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) **SPANISH**

Office # Street:  
**OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720**

Phone:  
**559-326-1222**

Fax:  
**559-326-1225**

---

**REGISTERED DIETICIAN**

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

Provider Specialty / Provider Name

---

**DAVILA-GOMEZ STEPHANIE,**

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

Language(s) **SPANISH, HMONG  
SPANISH**

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

---

**YOSHIMURA SUSAN,**

**Group Affiliation: PIXLEY MEDICAL CLINIC**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>205 E DAVIS ST , PIXLEY CA 93256</b>	<b>559-757-2000</b>	<b>559-757-2006</b>

---

### RHEUMATOLOGY

**KIM JIM, C**

**Group Affiliation: JIM C. KIM, M.D., INC.**

Language(s) **SPANISH, CHINESE  
KOREAN  
CHINESE  
TAGALOG**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2203 17TH ST , BAKERSFIELD CA 93301</b>	<b>661-716-0333</b>	<b>661-716-1288</b>

---

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

Provider Specialty / Provider Name

---

**NARAMALA SRIKANTH,**

**Group Affiliation: CALIFORNIA ARTHRITIS, AUTOIMMUNE & PAIN INSTITUTE INC**

Language(s)

HINDI  
TELUGU

Office #

OFFICE 1

Street:

5319 W HILLSDALE AVE , VISALIA CA 93291

Phone:

559-732-1648

Fax:

559-732-0664

---

**WATROUS DANIEL, A**

**Group Affiliation: DANIEL A WATROUS**

Language(s)

Office #

OFFICE 1

Street:

5315 W HILLSDALE AVE , VISALIA CA 93291

Phone:

559-732-9900

Fax:

559-732-9908

OFFICE 1

6327 N FRESNO ST STE 101, FRESNO CA 93710

559-732-9900

---

### SLEEP MEDICINE

**SANDHU AHANA,**

**Group Affiliation: PRIME PULMONARY & SLEEP MEDICINE CENTER, INC.**

Language(s)

SPANISH  
PUNJABI  
HINDI

Office #

OFFICE 1

Street:

8305 BRIMHALL RD STE 1601, BAKERSFIELD CA 93312

Phone:

661-516-2471

Fax:

661-695-6767

OFFICE 1

1205 GARCES HWY STE 203, DELANO CA 93215

661-395-6777

---

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

Provider Specialty / Provider Name

---

**RASHID KHADIJA, S**

Group Affiliation: **KHADIJA RASHID, M.D.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4042 S DEMAREE ST , VISALIA CA 93277	559-754-2967	559-754-2970
OFFICE 1	255 W HERNDON AVE STE 102, CLOVIS CA 93612	559-325-8437	

---

**RASHID SAQIB,**

Group Affiliation: **SAQIB RASHID, M.D.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4042 S DEMAREE ST , VISALIA CA 93277	559-754-2967	559-754-2970
OFFICE 1	255 W HERNDON AVE STE 102, CLOVIS CA 93612	559-325-8437	

---

**SMITH LONNIE, R**

Group Affiliation: **LONNIE R. SMITH, MD, INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	1066 N CHERRY ST , TULARE CA 93274	559-686-2599	559-686-5206

---

**SOCIAL WORK**

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GONZALEZ-MCKENZIE NANCY, Y**

Group Affiliation: **OMNI FAMILY HEALTH**

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

Office # Street:  
**OFFICE 1 210 N CHESTER AVE , BAKERSFIELD CA 93308**

Phone:  
**866-707-6664**

Fax:  
**866-707-6664**

---

**BOWN RONALD, E**

Group Affiliation: **AVENAL COMMUNITY HEALTH CENTER**

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

Office # Street:  
**OFFICE 1 329 W 8TH ST , HANFORD CA 93230**

Phone:  
**559-582-2500**

Fax:  
**559-582-0550**

---

**RIVERA ANASTASIA,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:  
**OFFICE 1 1701 STINE RD , BAKERSFIELD CA 93309**

Phone:  
**866-707-6664**

Fax:  
**661-746-9197**

---

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

Provider Specialty / Provider Name

---

**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

---

**AGUWA MARIAN,**

Group Affiliation: **ERICK MADRIGAL M.D., M.B.A, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	833 SEQUOIA AVE , LINDSAY CA 93247	559-562-1361	559-789-9828

---

**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

---

**SPEECH/LANGUAGE/PATHOLOGY**



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

Provider Specialty / Provider Name

---

**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

**LIU JONATHAN, C**

Group Affiliation: **SEQUOIA INSTITUTE FOR SURGICAL SERVICES INC.**

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

Office #

Street:

Phone:

Fax:

OFFICE 1

2300 W SUNNYSIDE AVE , VISALIA CA 93277

559-731-2009

559-623-9756

---

**LIVERMORE MERYL, S**

Group Affiliation: **SEQUOIA INSTITUTE FOR SURGICAL SERVICES INC.**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2300 W SUNNYSIDE AVE , VISALIA CA 93277

559-731-2009

866-833-7251

---

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

Provider Specialty / Provider Name

---

**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

---

**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

661-663-6711

---

### THORACIC SURGERY

**PAMULA RAMESH, B**

**Group Affiliation: RAMESH B. PAMULA, M.D., INC.**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

1243 E SPRUCE AVE STE 104, FRESNO CA 93720

559-900-4395

559-900-4396

---

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

Provider Specialty / Provider Name

---

**MCLEAN MICHAEL, K**

**Group Affiliation: KAWEAH DELTA HEALTH CARE DISTRICT**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>505 W MAIN ST , VISALIA CA 93291</b>	<b>559-627-8600</b>	<b>559-627-8607</b>

---

**KHWAJA SHAMSUDDIN,**

**Group Affiliation: CENTRAL CALIFORNIA HEART AND LUNG SURGERY**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>7575 N CEDAR AVE STE 101, FRESNO CA 93720</b>	<b>559-449-9990</b>	<b>559-449-9991</b>

---

### UROGYNECOLOGY

**LEE JUSTIN, T**

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

Language(s)

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

---

### UROLOGY

## Independent Medical Group - Tulare 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	

---

**STONE BRUCE, C**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	9500 STOCKDALE HWY STE 109, BAKERSFIELD CA 93311	661-664-4455	661-664-4458

---

**HAMDI ANAS, A**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1230

---

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

Provider Specialty / Provider Name

---

**MINOR THOMAS, X**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1225

---

**JUWONO TIMOTHY,**

**Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1225

---

**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 - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RAINWATER HAROLD, G**

**Group Affiliation: VALLEY UROLOGY, INC**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 6113 N FRESNO ST STE 101, FRESNO CA 93710**

**559-438-2777**

**559-438-4117**

---

**BHARDWAJ VIRINDER, K**

**Group Affiliation: VIRINDER K. BHARDWAJ, MD**

Language(s)

**PUNJABI**

**HINDU**

Office # Street:

**OFFICE 1 386 N VILLA AVE STE B, PORTERVILLE CA 93257**

Phone:

**559-789-9973**

Fax:

**559-789-0359**

---

**DWIVEDI RAJENDRA, H**

**Group Affiliation: R.H. DWIVEDI, M.D., INC.**

Language(s) **SPANISH**

**HINDU**

**GUJARATI**

Office # Street:

**OFFICE 1 623 W PUTNAM AVE , PORTERVILLE CA 93257**

Phone:

**559-781-2403**

Fax:

**559-781-4334**

---

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

Provider Specialty / Provider Name

---

**CHI ANDREW, A**

Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1230

**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

**RAHMAN NADEEM, U**

Group Affiliation: CALIFORNIA CANCER ASSOCIATES FOR RESEARCH AND EXCELLENCE, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1225

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**UROLOGY/FEMALE PELVIC MED AND RECONSTRUCTIVE SURGERY**

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

Provider Specialty / Provider Name

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**LEE JUSTIN, T**

Group Affiliation: **JUSTIN THIEN LEE, MD INC**

Language(s)

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Office #

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Street:

**500 OLD RIVER RD STE 200, BAKERSFIELD CA  
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### VASCULAR NEUROLOGY

**BUI HAO, D**

Group Affiliation: **HAO D. BUI, M.D., INC**

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Fax:

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**661-387-8333**

### VASCULAR SURGERY



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

Provider Specialty / Provider Name

---

**CAPOTE ALLAN, L**

**Group Affiliation: HAO D. BUI, M.D., INC**

Language(s) **VIETNAMESE**  
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**HAMDY ABDULRAHMAN, A**

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OFFICE 1	384 PEARSON DR , PORTERVILLE CA 93257	559-625-4118	
OFFICE 3	125 MALL DR STE 211B, HANFORD CA 93257	559-625-4118	559-625-6004
OFFICE 4	7045 N MAPLE AVE STE 107 & 108, FRESNO CA 93270	559-746-9605	559-558-8183

**CAMPBELL MATTHEW, P**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

Provider Specialty / Provider Name

**CAMPBELL MATTHEW, P**

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Language(s) <b>SPANISH</b> <b>SPANISH</b>	Office #	Street:	Phone:	Fax:
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	OFFICE 3	7045 N MAPLE AVE STE 107 & 108, FRESNO CA 93270	559-746-9605	559-558-8183
	OFFICE 4	820 S AKERS ST STE 100, VISALIA CA 93277	559-625-4118	559-625-6004

**NGUYEN ALEXANDER, H**

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**ARAIM OMAR, A**

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	OFFICE 1	384 PEARSON DR , PORTERVILLE CA 93257	559-625-4118	
	OFFICE 3	7045 N MAPLE AVE STE 107 & 108, FRESNO CA 93270	559-746-9605	559-558-8183
	OFFICE 4	820 S AKERS ST STE 100, VISALIA CA 93277	559-625-4118	559-625-6004