

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ADDITION MEDICINE

SAFWATULLAH MUHAMMAD,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	301 BRUNDAGE LN , BAKERSFIELD CA 93304	661-323-6086	661-324-6301

ALLERGY & IMMUNOLOGY

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	1429 MAIN ST , DELANO CA 93215	661-721-8832	

TANUS TONNY,

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1921 18TH ST , BAKERSFIELD CA 93301	661-327-9693	661-327-0749
OFFICE 1	1429 MAIN ST , DELANO CA 93215	661-721-8832	

AUDIOLOGY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

BERMEJO JUAN, J

Group Affiliation: **JUAN J. BERMEJO**

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

2201 MT VERNON AVE STE 109, BAKERSFIELD CA 93306

661-871-8006

661-871-8336

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WARNER WENDY, P

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4100 EMPIRE DR STE 120, BAKERSFIELD CA 93309

661-414-0270

661-362-0228

BARIATRIC SURGERY

IRANI HORMUZ,

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

HINDI

OFFICE 1

8311 BRIMHALL RD STE 1901, BAKERSFIELD CA

661-638-0601

661-638-0605

SPANISH

93312

GUJARATI

CARDIOLOGY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BANKS AARON, E

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

Language(s)

SPANISH

Office #

OFFICE 1

Street:

500 OLD RIVER RD STE 105, BAKERSFIELD CA
93311

Phone:

661-664-0808

Fax:

800-691-2492

CARDIOVASCULAR DISEASE

AGGARWAL ATUL,

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

Language(s) SPANISH

Office #

OFFICE 1

Street:

1018 CALLOWAY DR , BAKERSFIELD CA 93312

Phone:

661-664-0100

Fax:

661-664-0111

BANERJEE SUPRATIM,

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

Language(s) SPANISH, CHINESE

BENGALI

HINDI

GUJARATI

Office #

OFFICE 1

Street:

432 LEXINGTON ST BLDG B, DELANO CA 93215

Phone:

661-725-7818

Fax:

661-725-3484

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BANERJEE SUPRATIM,

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

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

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

BHAMBI BRIJESH, K

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308	661-323-8384	661-323-9326
OFFICE 1	20211 W VALLEY BLVD , TEHACHAPI CA 93561	800-432-7824	

DEITS RICHARD, M

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DESAI KIRIT, R

Group Affiliation: CENTRIC HEALTH

Language(s) **SPANISH**
SINHALESE
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308	661-323-8384	661-323-9326
OFFICE 1	3402 MT PINOS WAY , FRAZIER PARK CA 93225	661-716-4754	

GHANDFOROUSH ASLAN, G

Group Affiliation: COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-631-5544	661-631-5546

GOWD PAMPANA,

Group Affiliation: CENTRIC HEALTH

Language(s) **SPANISH**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HABIB MOKSEDUL,

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

Language(s)

BENGALI

Office #

OFFICE 1

Street:

5945 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-631-5544

Fax:

661-631-5546

KHAN NASSER, U

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

Language(s)

**SPANISH
SPANISH
HINDI
URDU**

Office #

OFFICE 1

Street:

5945 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-631-5544

Fax:

661-631-5546

KHAN NASSER, U

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

Language(s)

Office #

OFFICE 1

Street:

**20041 W VALLEY BLVD UNIT 4, TEHACHAPI CA
93561**

Phone:

661-823-8604

Fax:

661-823-7638

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KYAW HTOO,

Group Affiliation: ATUL AGGARWAL MD CARDIOLOGY CLINIC

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

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

LEE TOMMY, C

Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION

Language(s)
CANTONESE

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

MEHTA VIRAL, Y

Group Affiliation: COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.

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

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

NAIR SHYAM, K

Group Affiliation: WESTERN CARDIOLOGY MEDICAL CLINIC, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2007 17TH ST , BAKERSFIELD CA 93301	661-633-1983	661-633-1101

NAJJAR EMAD, S

Group Affiliation: COMPREHENSIVE CARDIOVASCULAR MEDICAL GROUP, INC.

Language(s) SPANISH
ARABIC

Office #	Street:	Phone:	Fax:
OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-323-4278	661-616-9273
OFFICE 1	432-B LEXINGTON AVE , DELANO CA 93215	661-725-7818	
OFFICE 3	20041 W VALLEY BLVD , TEHACHAPI CA 93561	661-823-8604	661-823-7638

NALOS PETER, C

Group Affiliation: PETER NALOS, M.D.

Language(s) SPANISH

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

NALOS PETER, C

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

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

PATEL AJAY, M

Group Affiliation: **CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s) **SPANISH**

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

PUGA LEOPOLDO,

Group Affiliation: **CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s) **SPANISH**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SALVO JARED, M

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

Language(s) **SPANISH**
SPANISH

Office # Street:

OFFICE 1 500 OLD RIVER RD STE 260, BAKERSFIELD CA 93311

Phone:

661-843-6464

Fax:

611-282-8417

SANDHU RASHAM, DS

Group Affiliation: CALIFORNIA CARDIOVASCULAR INSTITUTE

Language(s) **SPANISH**
PUNJABI
HINDI

Office # Street:

OFFICE 1 8307 BRIMHALL RD STE 1702, BAKERSFIELD CA 93312

Phone:

661-443-0088

Fax:

661-443-0087

OFFICE 1 20211 WEST VALLEY BLVD , TEHACHAPI CA 93561 661-443-0088

SINGH SARABJIT, K

Group Affiliation: KERN CARDIOLOGY MEDICAL GROUP, INC.

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

Office # Street:

OFFICE 1 4000 PHYSICIANS BLVD STE E101, BAKERSFIELD CA 93301

Phone:

661-327-0807

Fax:

661-327-7593

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SINGH SARABJEET,

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308

661-323-8384

661-323-9326

THAYAPRAN NALLATHAMBY,

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

Language(s) **SPANISH**
TAMIL

Office # Street:

Phone:

Fax:

OFFICE 1 5945 TRUXTUN AVE , BAKERSFIELD CA 93309

661-323-4278

661-631-5546

CARDIOVASCULAR/THORACIC SURGERY

PAW PATRICK, T

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**
THAI
CHINESE

Office # Street:

Phone:

Fax:

OFFICE 1 3838 SAN DIMAS ST STE A100, BAKERSFIELD CA 93301

661-327-8538

661-327-5432

OFFICE 1 3838 SAN DIMAS ST STE B201, BAKERSFIELD CA 93301

661-321-3161

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

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

CHILD & ADOLESCENT PSYCHIATRY

LUI KINGWAI,

Group Affiliation: ARISE PSYCHIATRIC MEDICAL GROUP INC.

Language(s) **SPANISH**
CANTONESE

Office # Street:

Phone:

Fax:

OFFICE 1 1500 HAGGIN OAKS BLVD STE 202, BAKERSFIELD CA 93311

661-735-3887

661-836-5545

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MA ALBERT, Y

Group Affiliation: **ARISE PSYCHIATRIC MEDICAL GROUP INC.**

Language(s) **SPANISH**
MANDARIN

Office #	Street:	Phone:	Fax:
OFFICE 1	1500 HAGGIN OAKS BLVD STE 202, BAKERSFIELD CA 93311	661-735-3887	661-836-5545

CHIROPRACTIC MEDICINE

BRAMLETT BOBBY, J

Group Affiliation: **BOBBY J BRAMLETT**

Language(s)
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	6001 TRUXTUN AVE STE D400, BAKERSFIELD CA 93309	661-321-3466	661-323-8472
OFFICE 1	4900 CALIFORNIA AVE STE 100 B, BAKERSFIELD CA 93309	661-459-1900	

FLORES DAVID, C

Group Affiliation: **DAVID C. FLORES, D.C.**

Language(s) **SPANISH**
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	10412 MAIN ST , LAMONT CA 93241	661-845-1188	661-845-2448

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GARCIA ALICIA, E

Group Affiliation: **VANGUARD MEDICAL CORPORATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

845 7TH ST , WASCO CA 93280

661-459-1000

855-200-2829

OFFICE 1

565 KERN ST , SHAFTER CA 93263

661-746-4937

HAMILTON CAROL, V

Group Affiliation: **CAROL V HAMILTON**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1241 7TH ST , WASCO CA 93280

661-758-3001

661-758-4492

HERRERA RUDY, B

Group Affiliation: **HERRERA INTEGRATED CHIROPRACTIC CORP., PC**

Language(s) **SPANISH**

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

3015 CALLOWAY DR STE D6, BAKERSFIELD CA
93312

661-634-9900

661-903-8888

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HEYART GREGORY, R

Group Affiliation: **GREG HEYART D.C**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1001 TOWER WAY STE 130, BAKERSFIELD CA
93309

661-327-2622

661-327-0614

HOFFMAN GRANT, D

Group Affiliation: **GRANT D. HOFFMAN D.C.**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2140 BRUNDAGE LN , BAKERSFIELD CA 93304

661-873-4742

661-873-4734

MORRIS JON, R

Group Affiliation: **JON MORRIS CHIROPRACTIC A PROFESSIONAL CORPORATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2100 19TH ST STE C, BAKERSFIELD CA 93301

661-246-4026

661-246-4020

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

REYES JOSE, S

Group Affiliation: VANGUARD MEDICAL CORPORATION

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

565 KERN ST , SHAFTER CA 93263

661-459-1000

855-200-2829

SALYERS STEVEN, C

Group Affiliation: STEVEN SALYERS DC

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1001 TOWER WAY STE 130, BAKERSFIELD CA
93309

661-327-7074

661-327-0614

SHROPSHIRE KRISTAL, D

Group Affiliation: SHROPSHIRE CHIROPRACTIC, INC., A PROFESSIONAL MEDICAL CORPORATION

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2530 F ST STE 102, BAKERSFIELD CA 93301

661-864-7999

661-864-7997

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SPARKS KEITH, L

Group Affiliation: **KEITH L SPARKS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

8501 CAMINO MEDIA STE 200, BAKERSFIELD CA
93311

661-665-1800

661-665-8858

TRAN SONNY, H

Group Affiliation: **VANGUARD MEDICAL CORPORATION**

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

Office #

Street:

Phone:

Fax:

OFFICE 1

565 KERN ST , SHAFTER CA 93263

661-746-4937

855-200-2829

CLINICAL CARDIAC ELECTROPHYSIOLOGY

SINGH GURJIT,

Group Affiliation: **CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s) **SPANISH
PUNJABI
HINDI**

Office #

Street:

Phone:

Fax:

OFFICE 1

8337 BRIMHALL RD BLDG 1200, BAKERSFIELD CA
93312

661-443-0088

661-443-0087

661-443-0088

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

COLON/RECTAL SURGERY

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BRAMANTI THOMAS, E

Group Affiliation: HEAD AND NECK ASSOCIATES OF CENTRAL CALIFORNIA

Language(s)

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

DERMATOLOGY

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	1317 MAIN ST STE B, DELANO CA 93215	661-430-9070	661-430-9078
OFFICE 4	1200 N CHINA LAKE BLVD STE A, RIDGECREST CA 93555	760-446-9007	760-446-6900

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

AWADALLA FARAH, C

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

Language(s) **SPANISH**
GREEK

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	1200 N CHINA LAKE BLVD STE A, RIDGECREST CA 93555	760-446-9007	760-446-6900

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	661-388-5240	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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

CARDENAS ANA, A

Group Affiliation: ANA CARDENAS DERMATOLOGY, A PROFESSIONAL CORPORATION

Language(s) **SPANISH**
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	3400 CALLOWAY DR STE 200, BAKERSFIELD CA 93312	661-410-7546	661-410-7547

CROWLEY JEFFREY, J

Group Affiliation: JEFFREY J. CROWLEY, M.D., INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5101 COMMERCE DR STE 101, BAKERSFIELD CA 93309	661-327-3756	661-327-2332

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	

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

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	6613222700	
OFFICE 3	8605 CAMINO MEDIA STE 300, BAKERSFIELD CA 93311	6613222700	6614274587
OFFICE 4	876 W GRAND AVE , PORTERVILLE CA 93257	951-412-1540	951-412-1541

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

RASKIN BERNARD, I

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4100 EMPIRE DR STE 120 & 140, BAKERSFIELD CA 93309	661-254-3686	661-254-5671
OFFICE 1	28212 KELLY JOHNSON PKWY #245, VALENCIA CA 91355	6612543686	

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 SOUTH L ST , TULARE CA 93274	6613222700	
OFFICE 3	2323 W CALDWELL AVE , VISALIA CA 93277	5599310800	5599310801

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

TAHERI DANIEL, P

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

Language(s) **SPANISH**
FARSI

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

TOTORAITIS KRISTIN, E

Group Affiliation: JEFFREY J. CROWLEY, M.D., INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5101 COMMERCE DR STE 101, BAKERSFIELD CA 93309	661-327-3756	661-327-2332

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

TREANOR SHANNA, L

Group Affiliation: **JEFFREY J. CROWLEY, M.D., INC.**

Language(s) **SPANISH**
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	5101 COMMERCE DR STE 101, BAKERSFIELD CA 93309	661-327-3756	661-327-2332

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

YOON NACKYOUNG,

Group Affiliation: ANA CARDENAS DERMATOLOGY

Language(s)

KOREAN

Office #

OFFICE 1

Street:

3400 CALLOWAY DR STE 200, BAKERSFIELD CA 93312

Phone:

661-410-7546

Fax:

661-410-7530

DIAGNOSTIC RADIOLOGY

ABE BENNETT, K

Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.

Language(s) SPANISH

Office #

OFFICE 1

Street:

1700 S COURT ST STE C, VISALIA CA 93277

Phone:

559-734-3258

Fax:

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

AGUET JAIME, C

Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.

Language(s) SPANISH

SPANISH

Office #

OFFICE 1

Street:

1700 S COURT ST STE A, VISALIA CA 93277

Phone:

559-734-5674

Fax:

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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	5597345674	
	OFFICE 3	119 S LOCUST ST STE B, VISALIA CA 93291	5593667177	8664211361

ALORE PATRICK, L

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

AMIRHAMZEH DANIEL,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

APPLEGATE LAURA, J

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) **SPANISH**

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

ARAFAT OMAR, S

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) **SPANISH**

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

ARIGO RICHARD, C

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ARTAL DALIA,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

BALDASSARRE RANDALL, L

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BANTA BRADY, J

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

BENDER GREGORY, N

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BERMAN JACK, L

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

BERNARD MARK, S

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

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
OFFICE 4	400 W MINERAL KING AVE , VISALIA CA 93291	5597345674	5597341787

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BOOYA FARGOL,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAHAMAS CA 93309	661-324-7000	
	OFFICE 1	9300 STOCKDALE HWY , BAKERSFIELD CA 93311	661-321-7000	
	OFFICE 3	4500 MORNING DR STE 202, BAKERFIELD CA 93306	661-324-7000	

BOST NEAL, W

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

BOUIT TROY, K

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	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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BROCK RACHEL, E

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

BROWN DOUGLAS, H

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BROWNING PATRICK, D

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

CARMODY TIMOTHY, J

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

CHANG GERALDINE,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

CHEN IRENE,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

COHEN MARTIN, I

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	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

CRUM CHARLES, D

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	858-546-3800	661-316-3219
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DALLE JOHN,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DAMBACH HEIDI, M

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

DENARO STEPHEN, A

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-325-1725

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DHIR VASHITA,

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DIANAT SAEED,

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FAN JOHN, W

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) **SPANISH**

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

FATEMI NASTARAN,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

FENNELL VINCENT, R

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) **SPANISH**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FLANNIGAN BONNIE,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

FRIEDLANDER JOSHUA,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

GALDINO GREGORY, M

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GALLAGHER-ZATE HOLLIE, N

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

GERO BERNARD, T

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GOMES DANILO, D

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	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

GUNDZIK JOHN, M

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HAGOPIAN TARA, A

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

HAMMERMAN CURTIS,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HARVEY WILLIAM, B

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

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

HO RALPH, T

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3065
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-326-9600	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-326-9600	661-334-3065

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HWA LINDA,

Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.

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

JAVERI KHALID,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

JORDAN TAYLOR, R

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

KELLY WILLIAM, M

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

KHANNA ROHIT,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KISLER TANYA,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

KRASNY ROBERT, M

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

LE THU, T

Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.

Language(s) **SPANISH**
VIETNAMESE

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LEE ROBERT, K

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

Language(s) **SPANISH**

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

LEE BRIAN, H

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LESAR BENJAMIN, J

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
	OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

LIU JOSEPH, P

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LIU JOHNS,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) **SPANISH**

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

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	5597136050	

LUDWIG BENJAMIN, J

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93306	6613247000	
OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MACDONALD CHRISTOPHER, J

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

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

MANSFIELD WILLIAM, P

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MARDIAT JOHN, G

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

MARISTANY BERNARD, G

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

MASSEE DONALD, R

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MCALLISTER DEREK, G

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

MCDANIEL BROCK, G

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

MENDOZA JORGE, A

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH
SPANISH

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MERCER NANJI,

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

MERCER NANJI,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

MIKHCHI AMIR, H

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MORAN ANGEL,

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

Language(s) **SPANISH**

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

MORENO HEATHER,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MUIR SUSIE, J

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

MURPHY JAMES, S

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

NALLS GAIL, A

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

NGUYEN DANH TIEN,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ONG LEONARD, T

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

OTTO RONALD,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OYOLA TORRES EDUARDO,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93306	6613247000	
OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

PRINCENTHAL ROBERT, A

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

QAISI WALEED, G

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

RAM SUNIL, K

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

RAPER PAUL,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

RAPHAEL YANIV, R

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ROEFS JOHN, A

Group Affiliation: TRUXTUN RADIOLOGY MEDICAL GROUP LP

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

1817 TRUXTUN AVE , BAKERSFIELD CA 93301

661-325-6800

661-325-1342

OFFICE 1

9900 STOCKDALE HWY STE 100, BAKERSFIELD CA
93311

661-616-1201

ROEFS JOHN, A

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

661-326-9600

661-334-3065

OFFICE 1

3838 SAN DIMAS ST STE A120, BAKERSFIELD CA
93301

661-326-9600

OFFICE 3

9330 STOCKDALE HWY STE 100, BAKERSFIELD CA
93311

661-326-9600

661-334-3065

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ROY ANJALI,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

SALEM ARAM,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

SANGKHARAT ANINCHANA,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SCHALE DAVID, P

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

Language(s) **SPANISH**

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

SCHARNWEBER TRAVIS, S

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

Language(s)

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

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SHAHROKNI SEYED, H

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

SHELAT ASHUTOSH, H

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

SIDDIQUI ARSALAN, A

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

661-324-7000

661-334-3164

OFFICE 1

4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306

6613247000

OFFICE 3

9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311

6613247000

6613243164

SOSNOWSKI RAFAL, L

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

661-324-7000

661-324-3164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

STEVENS SYDNEY, L

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DR STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

SYMKO SOPHIA, C

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

TALEBI LIASI AMIR,

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	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

TALLEY JULIA,

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	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

TAXAK PRITEE,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

TAYLOR BRANDON, C

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

TIRMAN PHILLIP,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

TURNER ROBERT, M

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93301	661-324-7000	661-334-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613343164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

URDANETA FELIPE,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

VALLES FRANCISCO, E

Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.

Language(s)

SPANISH

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

VARAPRASATHAN GITA, A

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WAGMAN ALLAN,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

WAGNER ELLIOTT, J

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WEDEEN GLENN, P

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

Language(s)

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

WIEDMAN MARTHA, A

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

Language(s)

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

WILLIAMS MARK,

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

Language(s) **SPANISH**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WILSON ANNA,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	6613269600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	6613269600	6613343065

WORTMAN WILLIAM,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
	OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

YAMAMOTO SHOTA,

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)	Office #	Street:	Phone:	Fax:
JAPANESE	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	858-546-3800	661-316-3219

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

YUAN DAVID, D

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

ZARE MEGAN, M

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-334-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	6613247000	6613243164

EMERGENCY MEDICINE

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

AMMARI RAZAN,

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	901 OLIVE DRIVE , BAKERSFIELD CA 93308	661-215-7500	661-399-4224

ENDOCRINOLOGY

CHING JOHN, S

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

Language(s) **SPANISH**
SPANISH
CHINESE

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

HAN SANG HUN,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ENDOCRINOLOGY DIABETES & METABOLISM

DUGGAL JASLEEN, K

Group Affiliation: **CENTRIC HEALTH**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3008 SILLECT AVE STE 220, BAKERSFIELD CA
93308

661-748-1999

661-748-1815

ETTINGER VICTOR,

Group Affiliation: **KERN VALLEY HEALTHCARE DISTRICT**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

4300 BIRCH AVE , LAKE ISABELLA CA 93240

760-379-1791

760-379-1793

FATEMI SHIREEN,

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SHAH HARSHIT, R

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

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

SINGH ATAM, B

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

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

FAMILY MEDICINE

LOPEZ SARAH, J

Group Affiliation: **KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4300 BIRCH AVE , LAKE ISABELLA CA 93240	760-379-1791	760-379-1793

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GASTROENTEROLOGY

BHAIKA HARPAL, S

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

Language(s) **SPANISH**
HINDI
PUNJABI

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

BHOGAL NEIL,

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

Language(s) **SPANISH**

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

DHMN-CC 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

Office #

OFFICE 1

Street:

5959 TRUXTUN AVE STE 200, BAKERSFIELD CA
93309

Phone:

661-324-1203

Fax:

661-324-3195

CHOWDHURY TABASSUM, A

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

Language(s) SPANISH, PUNJAB

HINDI
SPANISH

Office #

OFFICE 1

Street:

5959 TRUXTUN AVE STE 100, BAKERSFIELD CA
93309

Phone:

661-324-1203

Fax:

661-324-3195

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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)

**PUNJABI
HINDI**

Office #

Street:

Phone:

Fax:

OFFICE 1

**5959 TRUXTUN AVE STE 200, BAKERSFIELD CA
93309**

661-324-1203

661-716-6630

OFFICE 1

1519 GARCES HWY STE 3, DELANO CA 93215

661-324-1203

KRISHAN RAJEEV,

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

**9900 STOCKDALE HWY STE 208, BAKERSFIELD CA
93311**

661-735-3915

661-367-9533

MANU RAJEEV, R

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

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

661-587-7611

661-587-7612

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MATUK ROBIN, A

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

Language(s) **SPANISH**

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

PERUMALSAMY KUMARAVEL, S

Group Affiliation: GASTRO CARE INSTITUTE

Language(s) **SPANISH**
TAMIL

Office #	Street:	Phone:	Fax:
OFFICE 1	1331 W AVE J STE 202, LANCASTER CA 93534	661-529-7550	661-529-7560
OFFICE 1	900 HERITAGE BLVD BLDG B, RIDGECREST CA 93555	6615297550	
OFFICE 3	20211 VALLEY BLVD , TEHACHAPI CA 93561	6615297550	6615297560

PESTANA DAMIAN, R

Group Affiliation: ADVENTIST HEALTH DELANO

Language(s) **SPANISH**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

RAHAL PARAMVIR, S

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

Language(s) **SPANISH**
SPANISH
PUNJABI

Office #	Street:	Phone:	Fax:
OFFICE 1	9802 STOCKDALE HWY STE 102, BAKERSFIELD CA 93311	661-323-1200	661-323-1204
OFFICE 1	1205 GARCES HWY STE 107, DELANO CA 93215	6617211200	

RAVI NANDAKUMAR, B

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

Language(s) **SPANISH**
KANNADA

Office #	Street:	Phone:	Fax:
OFFICE 1	9870 BRIMHALL RD STE 100, BAKERSFIELD CA 93312	661-588-8725	661-588-8749

TYAGI VIVAIK,

Group Affiliation: **GASTRO CARE INSTITUTE**

Language(s) **SPANISH**
PUNJABI

Office #	Street:	Phone:	Fax:
OFFICE 1	43944 15TH ST W STE 201, LANCASTER CA 93534	661-529-7550	661-529-7560
OFFICE 1	900 HERITAGE BLVD BLDG B, RIDGECREST CA 93555	6615297550	
OFFICE 3	20211 VALLEY BLVD , TEHACHAPI CA 93561	6615297550	6615297560

GENERAL SURGERY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BISHOP KELLY, T

Group Affiliation: ADVENTIST HEALTH DELANO

Language(s) **SPANISH**

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

BUXTON JOHN, A

Group Affiliation: JOHN A. BUXTON M.D.

Language(s) **SPANISH**

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

BUXTON JOHN, A

Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4300 BIRCH AVE , LAKE ISABELLA CA 93240	760-379-1791	760-379-1793

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ENRIQUEZ-DIAZ JORGE, A

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

Language(s) **SPANISH**
SPANISH

Office # Street:
OFFICE 1 2021 22ND ST , BAKERSFIELD CA 93301

Phone:
661-864-7076

Fax:
661-864-7131

FAWIBE OLUWATOSIN,

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

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

Phone:
661-665-0505

Fax:
661-864-2190

GARCIA EDWIN,

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

Language(s) **SPANISH**
SPANISH

Office # Street:
OFFICE 1 420 34TH ST , BAKERSFIELD CA 93301

Phone:
661-633-2876

Fax:
661-327-0576

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GUERRERO WHITNEY,

Group Affiliation: ADVENTIST HEALTH DELANO

Language(s) **SPANISH**
FRENCH
SPANISH

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

IRANI HORMUZ,

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

Language(s) **SPANISH**
HINDI
SPANISH

GUJARATI

Office #	Street:	Phone:	Fax:
OFFICE 1	8311 BRIMHALL RD STE 1901, BAKERSFIELD CA 93312	661-638-0601	661-638-0605

KAPADIA RAVI, N

Group Affiliation: INFUSION AND CLINICAL SERVICES, INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5401 WHITE LANE , BAKERSFIELD CA 93309	661-396-7100	661-399-4224

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KAPADIA RAVI,

Group Affiliation: GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

1217 7TH ST , WASCO CA 93280

661-758-5500

661-758-5511

KAY SELWYN,

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

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

2521 G ST , BAKERSFIELD CA 93301

661-327-2544

661-327-0555

KWOCK CHRISTINA, L

Group Affiliation: PORTERVILLE COMMUNITY PHYSICIANS, INC.

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

**500 PUTNAM AVE STE 1026D, PORTERVILLE CA
93257**

559-544-6865

559-791-3909

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LEE CHIH CHENG,

Group Affiliation: ADVENTIST HEALTH DELANO

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1201 JEFFERSON ST , DELANO CA 93215	661-721-0737	661-721-0738
OFFICE 1	2300 7TH ST , WASCO CA 93280	6617584184	

MOON CYRUS, R

Group Affiliation: MOON MD INCORPORATED

Language(s)

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

NAIK NIRAV,

Group Affiliation: THE NIRAV C. NAIK MEDICAL CORPORATION

Language(s) **SPANISH**
SPANISH
HINDI

GUJARATI

Office #	Street:	Phone:	Fax:
OFFICE 1	4817 CENTENNIAL PLZA WAY STE B, BAKERSFIELD CA 93312	661-447-4559	661-447-4565

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

NISIM ABRAHAM, A

Group Affiliation: **NISIM SURGICAL**

Language(s) **SPANISH, HEBRE**
SPANISH
HEBREW

Office #	Street:	Phone:	Fax:
OFFICE 1	500 OLD RIVER RD STE 185, BAKERSFIELD CA 93311	661-748-1886	661-479-5063

PATEL ARPIT, B

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**
GUJARATI

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE B231, BAKERSFIELD CA 93301	661-665-0505	661-864-2190
OFFICE 1	9500 STOCKDALE HWY STE 201, BAKERSFIELD CA 93311	661-327-1431	

PORTUGAL DENISE,

Group Affiliation: **DENISE PORTUGAL**

Language(s) **SPANISH**
SPANISH

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PUGALENTHI AMUDHAN,

Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE B231, BAKERSFIELD CA
93301

661-665-0505

661-864-2190

RODRIGUEZ ROLAND,

Group Affiliation: ROLAND RODRIGUEZ, M.D.

Language(s)

Office #

Street:

Phone:

Fax:

SPANISH

OFFICE 1

2521 G ST , BAKERSFIELD CA 93301

661-327-2544

661-327-0555

SINGH GURMANT, P

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

8307 BRIMHALL RD STE 1706, BAKERSFIELD CA
93312

661-467-1477

661-467-1480

OFFICE 1

1205 GARCES HWY STE 303, DELANO CA 93215

661-725-4847

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

THOMAS DEBI,

Group Affiliation: **ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1201 JEFFERSON ST , DELANO CA 93215

661-721-0737

661-721-0738

GYNECOLOGIC ONCOLOGY

BLAKE ERIN,

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

MANRRIQUEZ ERICA, N

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

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA
93311

661-663-6429

661-663-6041

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

TAMMELA JONATHAN, E

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA
93311

661-663-6429

661-663-6041

HEMATOLOGY

CARTMELL ALAN, D

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

Language(s)

SPANISH

Office #

OFFICE 1

Street:

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-322-2206

Fax:

661-633-3669

KANAMORI DAVID, E

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

Language(s)

SPANISH

Office #

OFFICE 1

Street:

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-322-2206

Fax:

661-633-3669

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

NGUYEN VINH-LINH, B

Group Affiliation: BLOOD AND CANCER THERAPEUTICS, A MEDICAL CORPORATION

Language(s) **SPANISH, VIETNA
VIETNAMESE
FRENCH**

Office # **OFFICE 1** Street: **4500 MORNING DR STE 105, BAKERSFIELD CA
93306**

Phone: **661-491-5060**

Fax: **661-379-6363**

SPANISH

PATEL RAVI,

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

Language(s)

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

Phone: **661-322-2206**

Fax: **661-633-3669**

PATIL SADANAND,

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

Language(s) **SPANISH**

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

Phone: **661-322-2206**

Fax: **661-322-7027**

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SHAMBAUGH SHAWN, C

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

Language(s) SPANISH, HINDI, P

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

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	

HIV/AIDS MEDICINE

REFUGIO OLIVER,

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

HOSPICE/PALLIATIVE CARE

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HUERTA GALINDO JUAN, C

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
SPANISH
FRENCH

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

Phone:
833-678-2781

Fax:
661-368-0618

PATEL RISHI, R

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

Language(s) **SPANISH**

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

Phone:
661-322-2206

Fax:
661-327-7027

INFECTIOUS DISEASE

AMIN NAVINCHANDRA, M

Group Affiliation: **CENTRIC HEALTH**

Language(s)

Office # **Street:**
OFFICE 1 4813 COFFEE RD STE 200, BAKERSFIELD CA 93308

Phone:
661-664-0252

Fax:
661-664-2717

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FELIZARTA FRANCO, A

Group Affiliation: FRANCO ANTONIO BALAMBAN FELIZARTA

Language(s) **SPANISH**
TAGALOG
SPANISH

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

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

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MU ANANDIT,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
HINDI

Office # Street:
OFFICE 1 2740 S ELM AVE , FRESNO CA 93706

Phone:
559-457-5200

Fax:
559-457-5296

RAMAN SHANKAR,

Group Affiliation: **SHANKAR RAMAN INC**

Language(s)

Office # Street:
**OFFICE 1 8200 STOCKDALE HWY STE M10-173,
BAKERSFIELD CA 93311**

Phone:
661-436-1635

Fax:
661-864-1105

ROSHAN BAKHT,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

Phone:
833-678-2781

Fax:
661-368-0618

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SENINING RANDOLPH, C

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

Language(s)

FILIPINO

Office #

OFFICE 1

Street:

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-322-2206

Fax:

661-322-7027

INTERNAL MEDICINE

ARENAS FRANCIS,

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

Language(s)

SPANISH

Office #

OFFICE 1

Street:

1217 7TH ST , WASCO CA 93280

Phone:

661-758-5500

Fax:

661-758-5511

ARENAS FRANCIS,

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

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

SPANISH

Office #

OFFICE 1

Street:

5401 WHITE LANE , BAKERSFIELD CA 93309

Phone:

661-396-7100

Fax:

661-399-4224

OFFICE 1

5400 ALDRIN CT , BAKERSFIELD CA 93313

6617358867

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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				
HINDI	OFFICE 1	1205 GARCES HWY STE 203, DELANO CA 93215	661-725-6910	

MEMON PARVEZ, R

Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION

Language(s)	Office #	Street:	Phone:	Fax:
URDU	OFFICE 1	3838 SAN DIMAS ST STE B111, BAKERSFIELD CA 93301	661-616-1030	661-616-1050
	OFFICE 1	9500 STOCKDALE HWY STE 203, BAKERSFIELD CA 93311	661-587-8110	
	OFFICE 3	3838 SAN DIMAS ST STE A200, BAKERSFIELD CA 93301	661-327-8538	661-327-5432

VAFADOUSTE GHOLAMREZA,

Group Affiliation: COMMUNITY HEALTH CENTERS OF AMERICA

Language(s)	Office #	Street:	Phone:	Fax:
FRENCH, PERSIAN,	OFFICE 1	733 3RD ST , MCFARLAND CA 93250	661-792-3097	661-792-3095

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

INTERVENTIONAL/DIAGNOSTIC RADIOLOGY

MOSHFEGH AMIEL, P

Group Affiliation: SOUTHERN CALIFORNIA VASCULAR INSTITUTE, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

110 NEW STINE RD , BAKERSFIELD CA 93309

323-347-1002

323-433-9177

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PHAN TRENT, V

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

Language(s) **SPANISH**

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

LICENSED MARRIAGE & FAMILY THERAPY

MIRANDA ERIKA,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
SPANISH

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

MARRIAGE/FAMILY THERAPY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ARAN MARLINA, G

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 2000 PHYSICIANS BLVD , BAKERSFIELD CA 93301

661-324-1455

661-324-3750

ATEMAN JESSICA, A

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
SPANISH

Office # Street:

Phone:

Fax:

OFFICE 1 1305 BEAR MTN BLVD , ARVIN CA 93203

661-854-3131

661-854-2689

BEASLEY RANDOLPH, M

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301

833-678-2781

661-368-0618

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

CABRAL JONATHAN, S

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
SPANISH

Office # Street:
OFFICE 1 8787 HALL RD , LAMONT CA 93241

Phone:
661-845-3731

Fax:
661-845-1157

CHANEY-SHEDID KAREN, L

Group Affiliation: **KAREN LYNN CHANEY-SHEDID**

Language(s)

Office # Street:
OFFICE 1 5555 BUSINESS PARK S STE 200, BAKERSFIELD CA 93309

Phone:
661-325-0670

Fax:
661-742-1402

CHAUDHRY SHAHZAD, K

Group Affiliation: **KERN PSYCHIATRIC HEALTH AND WELLNESS CENTER, INC.**

Language(s) **SPANISH**

Office # Street:
OFFICE 1 8329 BRIMHALL RD STE 804, BAKERSFIELD CA 93312

Phone:
661-431-1555

Fax:
661-633-3944

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DELIS MELISSA, A

Group Affiliation: **MELISSA DELIS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5301 OFFICE PARK DR STE 225, BAKERSFIELD CA
93309

661-978-4779

661-748-1878

EARNEST KEVIN, J

Group Affiliation: **KEVIN EARNEST**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4605 BUENA VISTA RD STE 600-118,
BAKERSFIELD CA 93311

661-205-3557

661-833-4868

ELIZONDO ROMONA,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

1015 BAKER ST STE 4, BAKERSFIELD CA 93305

661-328-4283

661-843-8619

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GRAHAM HOLLY, A

Group Affiliation: **HOLLY AMANDA GRAHAM**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5301 OFFICE PARK DR STE 225, BAKERSFIELD CA 93301

661-201-1449

661-748-1878

HETTINGA LORENA,

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

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

Office #

Street:

Phone:

Fax:

OFFICE 1

1217 7TH ST , WASCO CA 93280

661-758-5500

661-758-5511

HOBBS RICK, A

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2400 WIBLE RD STE 14, BAKERSFIELD CA 93304

661-835-1240

661-835-4667

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

JIMENEZ-ARREDONDO ASHLEY, E

Group Affiliation: ASHLEY JIMENEZ-ARREDONDO

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

20601 HWY 202 STE A104, TEHACHAPI CA 93561

661-228-0590

661-843-6160

JOHNSON ELEASE, M

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

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

833-678-2781

661-368-0618

OFFICE 1

1701 WESTWIND DR STE 130, BAKERSFIELD CA 93301

6614482170

LAYNE CARLETTE, A

Group Affiliation: CARLETTE A. LAYNE

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5500 MING AVE STE 210, BAKERSFIELD CA 93309

661-834-8341

661-834-6095

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LEWIS ALICIA, M

Group Affiliation: S & T PROFESSIONAL GROUP, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2201 F ST , BAKERSFIELD CA 93301

661-324-1982

661-324-1220

LOPEZ AZPEITIA LILIANA, L

Group Affiliation: CLINICA SIERRA VISTA

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

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

833-678-2781

661-368-0618

MURPHY JOHN, W

Group Affiliation: JOHN WILLIAM MURPHY

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

9530 HAGEMAN RD STE B, PMB108,
BAKERSFIELD CA 93312

661-330-7498

661-395-9165

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MUWANGA MESHA, D

Group Affiliation: **MESHA MUWANGA**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1039 17TH ST , BAKERSFIELD CA 93301

661-404-5181

661-404-5375

NINOMIYA JOE,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

7800 NILES ST , BAKERSFIELD CA 93306

661-328-4284

661-616-9977

PEVAR ALAN, M

Group Affiliation: **ALAN PEVAR, MFT**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1601 NEW STINE RD STE 110, BAKERSFIELD CA
93309

661-322-4000

661-873-9314

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PITTS MILLICENT, L

Group Affiliation: S & T PROFESSIONAL GROUP, INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2201 F ST , BAKERSFIELD CA 93301	661-324-1982	661-324-1220

SALGADO DELIA, C

Group Affiliation: DELIA C. SALGADO

Language(s)
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	4900 CALIFORNIA AVE STE 210B, BAKERSFIELD CA 93309	661-378-7434	661-377-1848

SALINAS ADRIANA, L

Group Affiliation: ADRIANA L SALINAS

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4900 CALIFORNIA AVE STE B201, BAKERSFIELD CA 93309	661-203-3377	661-725-1008

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SCHAAD HARRIET, R

Group Affiliation: **HARRIET R. SCHAAD**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1412 17TH ST STE 355, BAKERSFIELD CA 93301

661-428-2108

888-561-2926

SHEFFIELD LAUREL, K

Group Affiliation: **LAUREL SHEFFIELD LMFT**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5301 OFFICE PARK DR STE 225, BAKERSFIELD CA
93309

661-201-8318

661-748-1878

SLYKERMAN KELLY, J

Group Affiliation: **KELLY J. SLYKERMAN**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2201 F ST , BAKERSFIELD CA 93301

661-324-1982

661-324-1220

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SMITH JACQUELINE,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:

OFFICE 1 355 DOVER PWY , DELANO CA 93215

Phone:

661-725-2788

Fax:

661-725-2788

SORIA DEISY,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:

**OFFICE 1 815 DR MARTIN LUTHER KING JR BLVD ,
BAKERSFIELD CA 93307**

Phone:

661-322-3905

Fax:

661-322-1370

STRANGE JACOB, C

Group Affiliation: **JACOB STRANGE**

Language(s)

Office # Street:

OFFICE 1 5500 MING AVE STE 210, BAKERSFIELD CA 93309

Phone:

661-834-8341

Fax:

661-834-6095

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WITTY PHILLIP,

Group Affiliation: HEALING CONNECTIONS; CHILD AND FAMILY THERAPY, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

20601 HWY 202 STE A104, TEHACHAPI CA 93561

661-228-0590

661-843-6160

YEASLEY GREGORY, S

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1611 1ST ST , BAKERSFIELD CA 93304

661-336-5300

661-336-5303

MATERNAL AND FETAL MEDICINE

SAMADI RAMIN,

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

FARSI

OFFICE 1

2501 H ST STE B, BAKERSFIELD CA 93301

661-259-5617

661-259-9986

NATUROPATHY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GADDAM KALYAN,

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

NEONATAL/PERINATAL MEDICINE

BHOGAL MADHU, R

Group Affiliation: **BHOGAL MEDICAL CORPORATION**

Language(s)

HINDI
PUNJABI

Office #

OFFICE 1

Street:

420 34TH ST , BAKERSFIELD CA 93301

Phone:

661-541-0739

Fax:

661-325-0614

NEPHROLOGY

ALI SLAMAT,

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

Language(s) **SPANISH**

PUNJABI

Office #

OFFICE 1

Street:

3933 COFFEE RD STE B, BAKERSFIELD CA 93308

Phone:

559-228-6600

Fax:

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

CHAPAGAIN BIKASH,

Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s) **SPANISH**
HINDI
NEPALI

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

CHEN SHAN SHAN,

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **BURMESE**
CHINESE

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

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	5592286600	
OFFICE 3	900 N DOUTY ST STE B, HANFORD CA 90509	5592286600	5592263709

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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	

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	5592286600	
TAMIL	OFFICE 3	568 E HERNDON AVE STE 201, FRESNO CA 93720	5592286600	5592263709

JOSHI SUDHIR, S

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

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KAMATH SONIA,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

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	5592286600	
OFFICE 3	900 DOUTY ST STE B, HANFORD CA 90278	5592286600	5592263709

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

DHMN-CC 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	1205 GARCES HWY STE 101, DELANO CA 93215	559-228-6600	
OFFICE 3	20041 VALLEY BLVD UNIT 3, TEHACHAPI CA 93561	559-228-6600	559-226-3709
OFFICE 4	6621 LAKE ISABELLA BLVD , LAKE ISABELLA CA 93240	661-588-9999	661-588-9041

MOKRI PARHAM, A

Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP

**Language(s) SPANISH
FARSI**

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

MUBIN TARIQ,

Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP

**Language(s) SPANISH
HINDI**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PARIMOO NAKUL,

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **SPANISH**

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

RAM PANKAJ, P

Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s) **SPANISH, PUNJAB**

Office #	Street:	Phone:	Fax:
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

SAXENA NISHKARSH,

Group Affiliation: THE NEPHROLOGY GROUP, INC

Language(s) **SPANISH**
HINDI

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

DHMN-CC 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	5592286600	

WIN YIN, L

Group Affiliation: CLINICA SIERRA VISTA

Language(s)

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

NEUROLOGICAL SURGERY

ECKERMANN JAN, M

Group Affiliation: KERN NEUROSURGICAL INSTITUTE, INC.

Language(s) SPANISH
GERMAN

Office #	Street:	Phone:	Fax:
OFFICE 1	5329 OFFICE CENTRE CT STE 110, BAKERSFIELD CA 93309	661-843-7800	661-843-7882

DHMN-CC 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

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

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

DHMN-CC 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

NEUROLOGY

ALEXAN-SHIRABAD RICHARD,

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

FRENCH

OFFICE 1 4900 COMMERCE DR STE A, BAKERSFIELD CA 93309

661-395-0900

661-395-0700

ARMENIAN

TURKISH

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BANASH SHAWN,

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	9330 STOCKDALE HWY STE 200, BAKERSFIELD CA 93311	661-324-0500	661-215-5640
OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-324-0500	

BIRDI MAHEEP, S

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	8307 BRIMHALL RD STE 1702, BAKERSFIELD CA 93312	661-432-7851	661-432-7852

CHAHIL BOOTA, S

Group Affiliation: **BOOTA S CHAHIL**

Language(s)
HINDI

Office #	Street:	Phone:	Fax:
OFFICE 1	432 LEXINGTON ST STE C, DELANO CA 93215	559-625-0202	661-206-4081
OFFICE 1	117 N AKERS ST STE A, VISALIA CA 93291	559-625-0202	

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DANDAMUDI VENKATA, S

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	

JANAKIRAMAN VENKATESH,

Group Affiliation: JEY NEURO CENTER, INC

Language(s) **SPANISH**
TAMIL
HINDI

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KUNHI VEEDU HARI PRASAD,

Group Affiliation: UNITED NEUROSCIENCE, INC

Language(s)

MALAYALAM

Office #

Street:

Phone:

Fax:

OFFICE 1

9330 STOCKDALE HWY STE 200, BAKERSFIELD CA 93311

661-324-0500

661-215-5640

OFFICE 1

3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301

661-324-0500

LABIB SAMEH, S

Group Affiliation: KERN COUNTY NEUROLOGICAL MEDICAL GROUP, INC.

Language(s)

SPANISH, ARABIC

ARABIC

Office #

Street:

Phone:

Fax:

OFFICE 1

2701 F ST , BAKERSFIELD CA 93301

661-322-3008

661-479-8250

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

DHMN-CC 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

NATALI LUIS, C

Group Affiliation: MAHEEP SINGH BIRDI, M.D.

Language(s) SPANISH
SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

8335 BRIMHALL RD STE 1100, BAKERSFIELD CA
93312

661-432-7851

661-432-7852

PEDOUIM FARZIN, B

Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4300 BIRCH AVE , LAKE ISABELLA CA 93240

760-379-1791

760-379-1793

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

POPA THEODORE, O

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	9330 STOCKDALE HWY STE 200, BAKERSFIELD CA 93311	661-324-0500	661-215-5640
OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-324-0500	

RAGNA LAURA,

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9330 STOCKDALE HWY STE 200, BAKERSFIELD CA 93311	661-324-0500	661-215-5640
OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-324-0500	

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

RAVI VINUTHA, N

Group Affiliation: JEY NEURO CENTER, INC

Language(s) **SPANISH**
TAGALOG
HINDI

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

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

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

THOMAS KIRON,

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	9330 STOCKDALE HWY STE 200, BAKERSFIELD CA 93311	661-324-0500	661-215-5640
OFFICE 1	3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301	661-324-0500	

WANG YAWEN,

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1711 28TH ST , BAKERSFIELD CA 93301	661-322-3008	661-322-5507
OFFICE 1	1711 28TH ST STE A, BAKERSFIELD CA 93301	661-322-3008	

WILLIAMS JERI, Y

Group Affiliation: **JERI YVONNE MOVEMENT DISORDERS NEUROLOGY, INC**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8327 BRIMHALL RD STE 703, BAKERSFIELD CA 93312	661-679-3590	661-695-6900

NEUROLOGY/PEDIATRIC

DHMN-CC 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:
OFFICE 1	5701 YOUNG STREET BLDG C-203, BAKERSFIELD CA 93311	661-885-7008	888-977-3751

NUCLEAR MEDICINE

GOULD-SIMON ARON, J

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) **SPANISH**

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

OBSTETRICS & GYNECOLOGY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ALLEN EDWARD, C

Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 3838 SAN DIMAS ST STE A200, BAKERSFIELD CA 93301

661-654-0200

661-326-1633

ANUCHA CHIBUIKE, E

Group Affiliation: CHIBUIKE ENYEREIBE ANUCHA MD, PC.

Language(s) **SPANISH**
IGBO

Office # Street:

Phone:

Fax:

OFFICE 1 3941 SAN DIMAS ST STE 104, BAKERSFIELD CA 93301

661-637-1006

661-637-1020

AYYAGARI RAMCHANDRA, R

Group Affiliation: RAMCHANDRA AYYAGARI MD

Language(s)

HINDI
SPANISH

Office # Street:

Phone:

Fax:

OFFICE 1 3535 SAN DIMAS ST STE 20, BAKERSFIELD CA 93301

661-323-3266

661-323-8130

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BALDONADO JESUS, P

Group Affiliation: NORTH KERN-SOUTH TULARE HOSPITAL DISTRICT

Language(s) **SPANISH**

Office # **Street:**
OFFICE 1 1500 6TH AVE , DELANO CA 93215

Phone:
661-725-1010

Fax:
661-725-1117

DATTA BABITA,

Group Affiliation: GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP

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

Office # **Street:**
OFFICE 1 1217 7TH ST , WASCO CA 93308

Phone:
661-758-5500

Fax:
661-758-5511

DATTA BABITA,

Group Affiliation: INFUSION AND CLINICAL SERVICES, INC.

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

Office # **Street:**
OFFICE 1 143 W KERN AVE , BAKERSFIELD CA 93250

Phone:
661-310-1002

Fax:
661-677-6008

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DELMUNDO NOEL, G

Group Affiliation: **GREGORY R KLIS MD INC**

Language(s) **SPANISH**
SPANISH
TAGALOG

Office # OFFICE 1	Street: 8339 BRIMHALL RD STE 1303, BAKERSFIELD CA 93312	Phone: 661-829-0026	Fax: 661-829-0027
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DENNIS-JOHNSON DEBBIE, A

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

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

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

DENNIS-JOHNSON DEBBIE, A

Group Affiliation: **ADVENTIST HEALTH DELANO**

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

Office # OFFICE 1	Street: 1201 JEFFERSON ST , DELANO CA 93215	Phone: 661-721-0737	Fax: 661-721-0738
OFFICE 1	2300 7TH ST , WASCO CA 93280	6617584184	

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GHAI SONIA,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

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

833-678-2781

661-368-0618

HALL LYNOUS, W

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s)

Office #

Street:

Phone:

Fax:

SPANISH

OFFICE 1

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

833-678-2781

661-368-0618

OFFICE 1

425 DEL SOL PKWY , DELANO CA 93215

661-720-4011

HASHEMI EMAD, A

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

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

833-678-2781

661-368-0618

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HAYES CARL, E

Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER

Language(s) **SPANISH**

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

IQBAL SAYEED,

Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER

Language(s) **SPANISH**

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

KLIS GREGORY, R

Group Affiliation: GREGORY R KLIS MD INC

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	8339 BRIMHALL RD STE 1303, BAKERSFIELD CA 93312	661-829-0026	661-829-0027

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KOC SIS TAMAS, S

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	8787 HALL RD , LAMONT CA 93241	661-845-3731	661-845-1157
HUNGARIAN				
SPANISH	OFFICE 1	704 LEBEC RD , LEBEC CA 93243	661-248-5250	

LASCANO MIGUEL, L

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
TAGALOG				
	OFFICE 1	2300 7TH ST , WASCO CA 93280	661-758-4184	

MANGAT RAMNEET, K

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s)	Office #	Street:	Phone:	Fax:
HINDI, PUNJABI	OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618
SPANISH				

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MANGAT CHARNPAL, S

Group Affiliation: CHARNPAL MANGAT, M.D. INC

Language(s) **SPANISH**
PUNJABI
HINDI

Office # **Street:**
OFFICE 1 2700 F ST STE 300 2ND FLR, BAKERSFIELD CA
93301

Phone:
661-322-4902

Fax:
661-322-4904

MCDERMOTT ROXANNE, M

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **SPANISH**
SPANISH

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

Phone:
833-678-2781

Fax:
661-368-0618

MELLENDEZ PHILIPP, R

Group Affiliation: PHILIPP RAMON MELLENDEZ, MD

Language(s) **SPANISH**
SPANISH

Office # **Street:**
OFFICE 1 608 34TH ST , BAKERSFIELD CA 93301

Phone:
661-325-7103

Fax:
661-325-7132

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MERVIN ADDIAS, C

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

OWENS JOHN, R

Group Affiliation: **JOHN R OWENS MD**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4000 PHYSICIANS BLVD STE E211, BAKERSFIELD CA 93301	661-401-2000	661-401-2015

PEREZ LEONARD,

Group Affiliation: **ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**
SPANISH

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PEREZ LEONARD,

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

Language(s) **SPANISH**
SPANISH

Office # Street:
OFFICE 1 2005 17TH ST , BAKERSFIELD CA 93301

Phone:
661-322-6700

Fax:
661-322-6707

ROBINSON RHONDA, L

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:
OFFICE 1 425 DEL SOL PKWY , DELANO CA 93215

Phone:
661-720-4011

Fax:
661-720-4012

SANYA RAHIMA, H

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
SWAHILI

Office # Street:
OFFICE 1 625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301

Phone:
833-678-2781

Fax:
661-368-0618

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SCHLAERTH JOHN, B

Group Affiliation: **PACIFIC GYNECOLOGIC SPECIALISTS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2011 19TH ST , BAKERSFIELD CA 93301

661-326-1401

661-326-1411

SHAKESPEARE CARY, S

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1217 7TH ST , WASCO CA 93280

661-758-5500

661-758-5511

SHARMA RAHUL,

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

HINDI

OFFICE 1

323 LEXINGTON ST , DELANO CA 93215

661-725-2512

661-725-2586

PUNJABI

OFFICE 1

1217 7TH ST , WASCO CA 93280

661-758-5500

SPANISH

OFFICE 3

432 LEXINGTON ST , DELANO CA 93215

661-725-2512

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SHARMA RAHUL,

Group Affiliation: RAHUL SHARMA MD., INC.

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

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				

SRINIVAS VASANTHI,

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2005 17TH ST , BAKERSFIELD CA 93301	661-322-6700	661-322-6707
HINDI				
TAMIL				
SPANISH				

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

STEWART DEBRA, L

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **SPANISH**

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

SWANSON GARY,

Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER

Language(s) **SPANISH**

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

VARNES KENNETH, J

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **SPANISH**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

YU HANS, C

Group Affiliation: HANS C. YU, DO

Language(s) **SPANISH**
MADARIN
TAIWANESE
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	9730 BRIMHALL RD STE 1, BAKERSFIELD CA 93312	661-663-0818	661-663-0516

OCCUPATIONAL THERAPY

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

DHMN-CC 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

NEWBROUGH JANET, S

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

3700 GOSFORD RD STE G, BAKERSFIELD CA 93309

661-326-1433

661-326-1032

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OBANDO HOWARD, R

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

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

SANTANA MARIA,

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7737 MEANY AVE STE B5, BAKERSFIELD CA 93308

661-377-1700

661-616-9199

OPHTHALMOLOGY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ALEXANDRAKIS GEORGE,

Group Affiliation: GEORGE ALEXANDRAKIS, MD, INC.

Language(s)

GREEK
SPANISH

Office #
OFFICE 1

Street:
1851 OAK ST STE B, BAKERSFIELD CA 93301

Phone:
661-323-4200

Fax:
661-215-1857

ARTYMOWICZ ANNA,

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

Language(s) SPANISH
SPANISH
POLISH

Office #
OFFICE 1
OFFICE 1

Street:
215 CHINA GRADE LOOP , BAKERSFIELD CA 93308
11901 BOLTHOUSE DR STE 300, BAKERSFIELD CA
93311

Phone:
661-393-2331
6613932331

Fax:
661-393-2684

CHAWLA ANUJ,

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

Language(s) SPANISH

Office #
OFFICE 1
OFFICE 1
OFFICE 3

Street:
9500 STOCKDALE HWY STE 108, BAKERSFIELD CA
93311
137 S ASPEN CT STE C, VISALIA CA 93291
2323 16TH ST STE 400, BAKERSFIELD CA 93301

Phone:
661-663-8500
559-733-7024
661-479-0757

Fax:
661-663-8688
661-634-8044

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DHOOT DILSHER, S

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

HAIR DAVID, B

Group Affiliation: BAKERSFIELD EYE INSTITUTE, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	7508 MEANY AVE , BAKERSFIELD CA 93308	661-589-9400	661-589-9499

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KOHN ROGER, A

Group Affiliation: **ROGER KOHN, M.D.**

Language(s)

SPANISH

Office #

OFFICE 1

Street:

2920 F ST STE C7, BAKERSFIELD CA 93301

Phone:

661-322-5435

Fax:

661-322-4304

KOUCHOUK AMR, M

Group Affiliation: **HOLLYWOOD EYE ASSOCIATES**

Language(s)

Office #

OFFICE 1

Street:

3801 SAN DIMAS ST BLDG A, BAKERSFIELD CA
93301

Phone:

661-460-7640

Fax:

661-457-9677

LEARNED DANIEL, L

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

Language(s) SPANISH

Office #

OFFICE 1

Street:

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA
93309

Phone:

661-325-4393

Fax:

661-322-8489

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LEIBOWITZ STEVEN,

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

Language(s) **SPANISH**

Office # **Street:**

Phone:

Fax:

OFFICE 1 5301 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309

661-412-2322

702-255-9308

LING RICHARD, T

Group Affiliation: RICHARD LING, M.D., INC.

Language(s) **SPANISH**

Office # **Street:**

Phone:

Fax:

CANTONESE

OFFICE 1 2325 17TH ST , BAKERSFIELD CA 93301

661-321-6333

661-631-8888

MANDARIN

SPANISH

STEINLE NATHAN, C

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s) **SPANISH**

Office # **Street:**

Phone:

Fax:

SPANISH

OFFICE 1 5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309

661-325-4393

661-322-8489

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WALIA SANDEEP, B

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

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

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

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

YAPLEE STEVEN, M

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1519 GARCES HWY STE 101, DELANO CA 93215	661-721-2020	661-721-2401

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

YAPLEE STEVEN, M

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

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

9700 BRIMHALL RD , BAKERSFIELD CA 93312

661-631-2020

661-829-8657

OFFICE 1

1519 GARCES HWY STE 101, DELANO CA 93215

661-721-2020

OPTOMETRY

ABBASI DAVOUD,

Group Affiliation: CLINICA SIERRA VISTA

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

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

833-678-2781

661-368-0618

BANDAK DIANA,

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

Language(s)

ARABIC

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

2323 16TH ST STE 400, BAKERFIELD CA 93301

800-898-2020

844-897-3788

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

CHAO LISA, Y

Group Affiliation: LI & LIAO OPTOMETRY, P.C.

Language(s) **SPANISH**
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1002 WIBLE RD STE 1, BAKERSFIELD CA 93304	661-835-1104	661-835-8644
OFFICE 1	9820 BRIMHALL RD , BAKERSFIELD CA 93312	661-213-3000	

CHEUNG MARK, MT

Group Affiliation: SOUTHWEST EYE CARE OPTOMETRIC CENTER, INC.

Language(s) **SPANISH**
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	4649 PLANZ RD , BAKERSFIELD CA 93309	661-833-4040	661-833-6721

CRAWFORD CACHE, M

Group Affiliation: JOHN HAWLEY OPTOMETRIC CORPORATION

Language(s)
RUSSIAN

Office #	Street:	Phone:	Fax:
OFFICE 1	3911 COFFEE RD STE B, BAKERSFIELD CA 93308	661-588-8222	661-588-0222

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FAGAN JOHN, E

Group Affiliation: JOHN E. FAGAN, JR., O.D., INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

20231 VALLEY BLVD STE G, TEHACHAPI CA 93561

661-822-1212

661-822-3296

GRAZIANO SABRINA, P

Group Affiliation: BESPECTACLED EYE CARE OPTOMETRIC CORP

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

5603 AUBURN ST STE A, BAKERSFIELD CA 93306

661-489-7765

661-246-3566

KALBAKJI NATALY,

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

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

ARABIC

OFFICE 1

2323 16TH ST STE 400, BAKERSFIELD CA 93301

800-898-2020

844-897-3788

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LI DAWSON, T

Group Affiliation: LI & LIAO OPTOMETRY, P.C.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1002 WIBLE RD STE 1, BAKERSFIELD CA 93304	661-835-1104	661-835-8644
CANTONESE	OFFICE 1	9820 BRIMHALL RD , BAKERSFIELD CA 93312	661-213-3000	

LIAO YUH, J

Group Affiliation: LI & LIAO OPTOMETRY, P.C.

Language(s)	Office #	Street:	Phone:	Fax:
CANTONESE	OFFICE 1	1002 WIBLE RD STE 1, BAKERSFIELD CA 93304	661-835-1104	661-835-8644
SPANISH	OFFICE 1	9820 BRIMHALL RD , BAKERSFIELD CA 93312	661-213-3000	

MILLER KEITH, C

Group Affiliation: JOHN HAWLEY OPTOMETRIC CORPORATION

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	3911 COFFEE RD STE B, BAKERSFIELD CA 93308	661-588-8222	661-588-0222

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

NG EILEEN, Y

Group Affiliation: LI & LIAO OPTOMETRY, P.C.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1002 WIBLE RD STE 1, BAKERSFIELD CA 93304	661-835-1104	661-835-8644
OFFICE 1	9820 BRIMHALL RD , BAKERSFIELD CA 93312	661-213-3000	

NGO LINH, A

Group Affiliation: CLINICA SIERRA VISTA

Language(s) SPANISH
VIETNAMESE

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

NGUYEN ALAIN, H

Group Affiliation: ALAIN NGUYEN, PROFESSIONAL OPTOMETRIC CORPORATION

Language(s) SPANISH
VIETNAMESE
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	3880 GOSFORD RD STE 200, BAKERSFIELD CA 93309	661-396-7772	661-396-7773
OFFICE 1	2020 NILES ST UNIT A, BAKERSFIELD CA 93305	6618717770	

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PANSAWIRA IRIN,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

INDONESIAN

Office #

OFFICE 1

Street:

2000 PHYSICIANS BLVD , BAKERSFIELD CA 93301

Phone:

661-324-1455

Fax:

661-324-3720

PARK MARK, J

Group Affiliation: **MARK J. PARK**

Language(s)

SPANISH

Office #

OFFICE 1

Street:

919 13TH AVE , DELANO CA 93215

Phone:

661-725-3795

Fax:

661-725-3328

RATTY STEPHEN, D

Group Affiliation: **DR. STEVE RATTY, OPTOMETRIST, INC.**

Language(s)

SPANISH

Office #

OFFICE 1

Street:

2222 E ST STE 1, BAKERSFIELD CA 93301

Phone:

661-327-2681

Fax:

661-327-0193

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SHIVELY KYLE, D

Group Affiliation: BESPECTACLED EYE CARE OPTOMETRIC CORP

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5603 AUBURN ST STE A, BAKERSFIELD CA 93306	661-489-7765	661-246-3566

TRUONG LINDA, N

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **SPANISH**
VIETNAMESE
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2000 PHYSICIANS BLVD , BAKERSFIELD CA 93301	661-324-1455	661-324-3720

VANCE JANA, L

Group Affiliation: SOUTHWEST EYE CARE OPTOMETRIC CENTER, INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4649 PLANZ RD , BAKERSFIELD CA 93309	661-833-4040	661-833-6721

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WILHELMSSEN CHEREE, A

Group Affiliation: INNOVATIVE EYE CARE OPTOMETRIC CORPORATION

Language(s) **SPANISH**
FRENCH

Office #	Street:	Phone:	Fax:
OFFICE 1	4903 CALLOWAY DR STE 101, BAKERSFIELD CA 93312	661-213-3310	661-213-3315

WORK ROSEANNE,

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **SPANISH**

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

ORAL/MAXILLOFACIAL SURGERY

GOLDSTEIN JEFFREY, S

Group Affiliation: HEAD AND NECK ASSOCIATES OF CENTRAL CALIFORNIA

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WOO BRIAN, M

Group Affiliation: HEAD AND NECK ASSOCIATES OF CENTRAL CALIFORNIA

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

215 N FRESNO ST STE 490, FRESNO CA 93701

559-459-6114

559-459-5744

ZAIDI AHMED, B

Group Affiliation: HEAD AND NECK ASSOCIATES OF CENTRAL CALIFORNIA

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

BALCH KARL, R

Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

5201 TRUXTUN AVE , BAKERSFIELD CA 93309

661-328-5565

661-328-5573

DHMN-CC 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	9300 STOCKDALE HWY STE 300, BAKERSFIELD CA 93311	661-664-2200	661-852-5989

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

FERKEL ERIC, I

Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573
OFFICE 1	6815 NOBLE AVE , VAN NUYS CA 91405	818-901-6600	

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HAMILTON CHRISTOPHER, D

Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

HERNANDEZ JAIME, D

Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573
OFFICE 1	6815 NOBLE AVE , VAN NUYS CA 91405	818-901-6600	

MALERICH MATTHEW, M

Group Affiliation: MATTHEW M. MALERICH, M.D., INCORPORATED

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	9300 STOCKDALE HWY STE 300, BAKERSFIELD CA 93311	661-664-2300	661-663-6711

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MERRIMAN JARRAD,

Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

OLUYEDE OLUWADAMILOLA,

Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

SAIED FADI, S

Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SAMTANI RAHUL, G

Group Affiliation: **REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

SCHAMBLIN MARK, L

Group Affiliation: **REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

SCHOPLER STEVEN, A

Group Affiliation: **REGENTS OF THE UNIVERSITY OF CALIFORNIA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SHAPIRO TODD,

Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	5201 TRUXTUN AVE , BAKERSFIELD CA 93309	661-328-5565	661-328-5573

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	5300 LENNOX AVE STE 104, BAKERSFIELD CA 93309	661-544-3352	661-544-3432
OFFICE 1	432 LEXINGTON ST STE C, DELANO CA 93215	661-544-3352	
OFFICE 3	110 N D ST , PORTERVILLE CA 93257	661-544-3352	661-725-5030

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SRIVASTAVA PRAMOD, K

Group Affiliation: PRAMOD K. SRIVASTAVA

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

Office # Street:

OFFICE 1 432 LEXINGTON ST STE C, DELANO CA 93215

OFFICE 1 110 N D ST , PORTERVILLE CA 93257

Phone:

661-725-0713

559-782-5177

Fax:

661-721-2629

UNAL BERKAY,

Group Affiliation: BERKAY UNAL MD PC

Language(s) **SPANISH, TURKIS
TURKISH**

Office # Street:

OFFICE 1 300 OLD RIVER RD STE 200, BAKERSFIELD CA
93311

Phone:

661-664-2300

Fax:

661-663-6259

WAHBA GEORGE, M

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s) **SPANISH
ARABIC**

Office # Street:

OFFICE 1 300 OLD RIVER RD STE 200, BAKERSFIELD CA
93311

Phone:

661-664-2300

Fax:

661-663-6711

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

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	559-624-2000	
OFFICE 3	263 PEARSON DR , PORTERVILLE CA 93257	559-784-1110	

OTOLARYNGOLOGY

DUARTE VICTOR, M

Group Affiliation: **HEAD AND NECK ASSOCIATES OF CENTRAL CALIFORNIA**

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OTOLARYNGOLOGY HEAD AND NECK SURGERY

ARYA SATYA, P

Group Affiliation: **SATYA PAL ARYA, M.D.**

Language(s) **SPANISH**
SPANISH
HINDI

Office #	Street:	Phone:	Fax:
OFFICE 1	2011 TRUXTUN AVE , BAKERSFIELD CA 93301	661-327-0300	661-327-0897

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

VADAPALLI SATISH, R

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8307 BRIMHALL RD STE 1706, BAKERSFIELD CA 93312	661-846-7336	661-215-1891

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ZERLIN GARY, K

Group Affiliation: **GARY K ZERLIN MD**

Language(s)

SPANISH

Office #

OFFICE 1

Street:

2103 18TH ST , BAKERSFIELD CA 93301

Phone:

661-327-3449

Fax:

661-327-4549

PAIN MANAGEMENT

KHOURY PHILIP, G

Group Affiliation: **PHILIP G. KHOURY, D.O., INC.**

Language(s) SPANISH

ARABIC

Office #

OFFICE 1

Street:

3850 RIVERLAKES DRIVE STE B, BAKERSFIELD CA
93312

Phone:

661-241-9338

Fax:

661-402-3540

MOZINGO RALPH, D

Group Affiliation: **HULLANDER AND MOZINGO LP**

Language(s) SPANISH

Office #

OFFICE 1

Street:

2901 SILLECT AVE STE 200, BAKERSFIELD CA
93308

Phone:

661-401-6150

Fax:

805-563-0364

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WASHINGTON DEIRDRE, R

Group Affiliation: **WASHINGTON & ASSOCIATES**

Language(s) **SPANISH**

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

WILSON CHRISTOPHER, E

Group Affiliation: **PAIN INSTITUTE OF 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

PAIN MEDICINE

BRAZILL JOHN, L

Group Affiliation: **KEVIN D. TRINH, M.D. AND JOHN L. BRAZILL, M.D. A MEDICAL CORPORATION**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2323 16TH ST STE 504, BAKERSFIELD CA 93301	661-395-1335	661-395-1322

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

LIN BINGTAO,

Group Affiliation: SUNDEEP GRANDHE MD CORPORATOIN

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	6401 TRUXTUN AVE , BAKERSFIELD CA 93309	661-327-9300	661-333-4042
SPANISH	OFFICE 1	1663 E PROSPERITY AVE , TULARE CA 93274	559-684-4246	
CHINESE	OFFICE 3	1805 E FIR AVE , FRESNO CA 93720	5593218510	5593218512

PALENCIA ARTURO, E

Group Affiliation: PAIN INSTITUTE OF CALIFORNIA, INC.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	9802 STOCKDALE HWY STE 105, BAKERSFIELD CA 93311	661-665-7880	661-665-7811

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PIRES DAVID, C

Group Affiliation: HULLANDER AND MOZINGO LP

Language(s) **SPANISH**
SPANISH
PORTUGUESE

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

ROSHAN DANIEL,

Group Affiliation: HULLANDER AND MOZINGO LP

Language(s) **SPANISH**

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

PEDIATRICS

YOUNG MATT, N

Group Affiliation: GROSSMAN MEDICAL GROUP, INC.

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PHYSICAL MEDICINE AND REHABILITATION

ANDERSON BRADFORD, A

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

Language(s) **SPANISH**
SPANISH

Office # **Street:**
OFFICE 1 2203 19TH ST , BAKERSFIELD CA 93301

Phone:
661-616-5726

Fax:
661-873-4664

CULL DEEPTHI,

Group Affiliation: DEEPTHI CULL MD PC

Language(s)

Office # **Street:**
OFFICE 1 5001 COMMERCE DR , BAKERSFIELD CA 93309

Phone:
661-323-5500

Fax:
661-633-3788

DIMMITT EVAN, T

Group Affiliation: EVAN DIMMITT

Language(s)

Office # **Street:**
OFFICE 1 5001 COMMERCE DR , BAKERSFIELD CA 93309

Phone:
661-323-5300

Fax:
661-410-3222

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LANGLOIS LEO, P

Group Affiliation: LANGLOIS MEDICAL CORPORATION

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	230 S MONTCLAIR ST STE 101, BAKERSFIELD CA 93309	661-473-1529	661-473-1539

LIMJOCO BETTINA, T

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

YOON CHRIS, S

Group Affiliation: CHRIS YOON, M.D., INC.

Language(s)
SPANISH
KOREAN

Office #	Street:	Phone:	Fax:
OFFICE 1	5001 COMMERCE DR STE 100, BAKERSFIELD CA 93309	661-325-8375	661-633-3799

PHYSICAL THERAPY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ADVINCULA BERNADETTE, L

Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3400 PANAMA LN STE R, BAKERSFIELD CA 93313

661-412-4667

661-836-5389

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

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

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

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

DHMN-CC 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

CREESE CANNON, R

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

9501 FLUSHING QUAIL RD STE 10, BAKERSFIELD
CA 93312

661-589-9066

661-589-4209

DELLOTA CHRISTOPHER, A

Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2838 OSWELL ST , BAKERSFIELD CA 93306

661-377-1700

661-616-9199

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DELLOTA MA CLARISSA, A

Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7737 MEANY AVE STE B5, BAKERSFIELD CA 93308

661-377-1700

661-616-9199

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

DIEBEL JOSHU, C

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1201 23RD ST , BAKERSFIELD CA 93301

661-327-4357

661-633-3957

OFFICE 1

3700 GOSFORD RD STE G, BAKERSFIELD CA 93309

661-327-4357

OFFICE 3

200 CHINA GRADE LOOP , BAKERSFIELD CA 93308

661-615-6150

661-615-6151

OFFICE 4

9501 FLUSHING QUAIL RD , BAKERSFIELD CA
93312

661-589-9066

661-589-4209

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

ESKEW JARED, J

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

13019 STOCKDALE HWY STE 500, BAKERSFIELD
CA 93314

661-377-1700

661-616-9199

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GAITONDE SATISH, S

Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	2603 G ST , BAKERSFIELD CA 93301	661-871-5908	661-328-0654
HINDI	OFFICE 1	2601 OSWELL ST STE 105, BAKERSFIELD CA 93306	661-871-5908	
MARATHI	OFFICE 3	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	661-328-0654
KONKANI	OFFICE 4	1160 E LERDO HWY UNITE G, SHAFTER CA 93263	661-554-3885	

GALERO CRISTINE, J

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	3700 GOSFORD RD STE G, BAKERSFIELD CA 93309	661-832-9737	661-832-9738

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

DHMN-CC 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	

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

HARRIS CARYN, A

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

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HERRERA FRESCO, O

Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.

Language(s) SPANISH
TAGALOG

Office #	Street:	Phone:	Fax:
OFFICE 1	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	661-328-0654

JELMINI STEVEN, M

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	3700 GOSFORD RD STE G, BAKERSFIELD CA 93309	661-832-9737	661-832-9738

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

DHMN-CC 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

KIRPALANI MAYA, M

Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.

Language(s)

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

KIRSCHENMANN RYAN, T

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KROEKER BYRON, L

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

701 CENTRAL VALLEY HIGHWAY STE B, SHAFTER
CA 93263

661-237-6100

661-237-6105

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

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

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

MOMI STEVEN,

Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3400 CALLOWAY DR STE 603, BAKERSFIELD CA 93312	661-377-1700	661-616-9199

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MONROE WILLIAM, B

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9501 FLUSHING QUAIL RD STE 8 9 10, BAKERSFIELD CA 93312	661-589-9066	661-589-4209
OFFICE 1	3700 GOSFORD RD , BAKERSFIELD CA 93309	661-832-9737	

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

NEWTON REBECCA, M

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

Language(s) **SPANISH**

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

NGUYEN JACKLYN,

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

OBREGON OSCAR,

Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1800 WESTWIND DR STE 500, BAKERSFIELD CA
93301

661-377-1700

661-616-9199

PADILLA FRANCISCO,

Group Affiliation: PADILLA PHYSICAL THERAPY & FITNESS INCORPORATED

Language(s) SPANISH

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

1420 7TH ST , WASCO CA 93280

661-446-4050

661-215-5635

DHMN-CC 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	
	OFFICE 3	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	661-328-0654
	OFFICE 4	2601 OSWELL ST STE 105, BAKERSFIELD CA 93306	661-871-5908	661-328-0654

PEEPLES SYDNEY, B

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	9501 FLUSHING QUAIL RD STE 10, BAKERSFIELD CA 93312	661-589-9066	661-589-4209

PHAM JOVIANNE, M

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	3700 GOSFORD RD STE G, BAKERSFIELD CA 93309	661-832-9737	661-832-9738

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

ROGERS TAYLOR, D

Group Affiliation: PHYS MED. A PHYSICAL THERAPY CORPORATION

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

7033 N FRESSO ST STE 202, FRESNO CA 93720

559-438-4300

55-438-4339

ROUS DAVID, L

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1201 23RD ST , BAKERSFIELD CA 93301

661-327-4357

661-327-1758

OFFICE 1

3700 GOSFORD RD , BAKERSFIELD CA 93309

661-832-9737

OFFICE 3

9501 FLUSHING QUAIL RD , BAKERSFIELD CA
93312

661-589-9066

661-589-4209

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

SHEFFIELD SAMUEL, B

Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

4004 PANAMA LN STE 100, BAKERSFIELD CA
93313

661-377-1700

661-616-9199

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

DHMN-CC 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

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

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

TAKII BRUCE, I

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

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

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

THIND GURMANN,

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7900 DISTRICT BLVD STE A, BAKERSFIELD CA
93313

661-377-1700

661-616-9199

VASHER KYLE, M

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4004 PANAMA LN STE 100, BAKERSFIELD CA
93313

661-377-1700

661-616-9199

VEISS ANDRIS, L

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1430 HIGH ST , DELANO CA 93215

661-377-1700

661-616-9199

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

WATERHOUSE DAWN, L

Group Affiliation: TERRIO PHYSICAL THERAPY-FITNESS, INC.

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	1800 WESTWIND DR STE 500, BAKERSFIELD CA 93301	661-377-1700	661-616-9199

WINGATE KURT, T

Group Affiliation: GLINN AND GIORDANO PHYSICAL THERAPY, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1201 23RD ST , BAKERSFIELD CA 93301	661-327-4357	661-633-3957
OFFICE 1	3700 GOSFORD RD , BAKERSFIELD CA 93309	661-832-9737	
OFFICE 3	9501 FLUSHING QUAIL RD , BAKERSFIELD CA 93312	661-589-9066	661-589-4209

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

ZABALA KEITH, R

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2838 OSWELL ST , BAKERSFIELD CA 93306

661-377-1700

661-616-9199

PLASTIC SURGERY

BAUGHMAN ETHAN, J

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

Language(s) **SPANISH**

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DEV VIPUL, R

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

GUJARATI

OFFICE 1 2901 SILLECT AVE STE 201, BAKERSFIELD CA 93308

661-327-2101

661-327-2554

HINDI

SPANISH

ERFANIAN KAMIL,

Group Affiliation: REGENTS OF THE UNIVERSITY OF CALIFORNIA

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 5201 TRUXTUN AVE , BAKERSFIELD CA 93309

661-328-5565

661-328-5573

EVANS BRIAN, N

Group Affiliation: GROSSMAN MEDICAL GROUP, INC.

Language(s)

Office # Street:

Phone:

Fax:

OFFICE 1 420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FREEMAN M. BRANDON,

Group Affiliation: **M. BRANDON FREEMAN, MD, PHD, PC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2701 CHESTER AVE STE 103, BAKERSFIELD CA 93301	661-808-4070	661-438-0358

GROSSMAN PETER, H

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

Language(s)

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

MAJIDIAN ALEXANDER, M

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

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MITTS GORDON, M

Group Affiliation: **G. M. MITTS, M.D., INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2525 H ST , BAKERSFIELD CA 93301	661-324-7208	661-324-3403

SAHAR DAVID, E

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

Language(s)

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

PODIATRIC MEDICINE

CHUANG SOHRABI CATHY, T

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

Language(s) **SPANISH**
CHINESE

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	

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

DAVIS SCOTT, R

Group Affiliation: FOOT & ANKLE INSTITUTE

Language(s) **SPANISH**
SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

9300 STOCKDALE HWY STE 400, BAKERSFIELD CA 93311

661-663-8483

661-663-3095

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

6617251664

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HENTO HEATHER, A

Group Affiliation: FOOT & ANKLE INSTITUTE

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9300 STOCKDALE HWY SUITE 400, BAKERSFIELD CA 93311	661-663-8483	661-663-3095

HUBER KYLE,

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	8307 BRIMHALL RD STE 1704, BAKERSFIELD CA 93312	661-832-1667	
OFFICE 3	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	661-832-7145

KIM PAUL, M

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) **SPANISH**
KOREAN

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	5597843110	

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KIM SOLOMON,

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	440 W PUTNAM AVE , PORTERVILLE CA 93257	5597843110	

LIN TZU LU,

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH
MANDARIN

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	

NELSON THOMAS, D

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1701 27TH ST , BAKERSFIELD CA 93301	661-322-2895	661-322-2897
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	
OFFICE 3	1519 GARCES HWY STE 107, DELANO CA 93215	661-725-1664	661-725-2786
OFFICE 4	8307 BRIMHALL RD STE 1704, BAKERSFIELD CA 93312	661-832-1667	661-832-7145

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PASABOC LIVIU, G

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH
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

PATEL PARIMAL,

Group Affiliation: FOOT & ANKLE INSTITUTE

Language(s)
HINDI, GUJARATI

Office #	Street:	Phone:	Fax:
OFFICE 1	9300 STOCKDALE HWY STE 400, BAKERSFIELD CA 93311	661-663-8483	661-663-3095

SPOHN-GROSS HOLLY, A

Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4300 BIRCH AVE , LAKE ISABELLA CA 93240	760-379-1791	760-379-1793

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SPOHN-GROSS HOLLY, A

Group Affiliation: **HOLLY A.SPOHN-GROSS, DPM**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	6425 LYNCH CANYON DR , LAKE ISABELLA CA 93240	760-379-8630	760-379-7658

TEELA JAMES, E

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4946 W MINERAL KING AVE , VISALIA CA 93291	559-624-1405	559-624-1746
OFFICE 1	1086 N CHERRY ST , TULARE CA 93274	6618321667	

VO TIMOTHY,

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

Language(s)

VIETNAMESE

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ZIMMERMAN JOHN, C

Group Affiliation: **FOOT & ANKLE INSTITUTE**

Language(s)

SPANISH

Office #

OFFICE 1

Street:

9300 STOCKDALE HWY STE 400, BAKERSFIELD CA
93311

Phone:

661-663-8483

Fax:

661-663-3095

PSYCHIATRY

BAEZ SAYONARA,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) SPANISH

Office #

OFFICE 1

Street:

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

Phone:

833-678-2781

Fax:

661-368-0618

BHURGRI ASHHAR,

Group Affiliation: **KERN PSYCHIATRIC HEALTH AND WELLNESS CENTER, INC.**

Language(s) SPANISH

URDU

HINDI

PUNJABI

Office #

OFFICE 1

Street:

8329 BRIMHALL RD STE 804, BAKERSFIELD CA
93312

Phone:

661-431-1555

Fax:

661-381-7670

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

CAMACHO HOMERO,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 355 DOVER PWY , DELANO CA 93215

661-725-2788

661-725-2788

CRUZ HERBERT, A

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**
SPANISH

Office # Street:

Phone:

Fax:

OFFICE 1 2505 MERCED ST , FRESNO CA 93721

866-707-6664

661-746-9197

DODDAKASHI VEENA, R

Group Affiliation: **KERN PSYCHIATRIC HEALTH AND WELLNESS CENTER, INC.**

Language(s)

Office # Street:

Phone:

Fax:

**OFFICE 1 8329 BRIMHALL RD BLDG 800 STE 804,
BAKERSFIELD CA 93312**

661-431-1555

661-633-3944

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DULANTO LUIGI,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 7839 BURGUNDY AVE , LAMONT CA 93241

661-845-5100

661-845-5106

ESLAMI SETARE,

Group Affiliation: **ARISE PSYCHIATRIC MEDICAL GROUP INC.**

Language(s) **SPANISH**
FARSI

Office # Street:

Phone:

Fax:

OFFICE 1 1500 HAGGIN OAKS BLVD STE 202, BAKERSFIELD CA 93311

661-735-3887

661-836-5545

FERNANDO GERARD, I

Group Affiliation: **KERN PSYCHIATRIC HEALTH AND WELLNESS CENTER, INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

OFFICE 1 6313 SCHIRRA CT STE 1, BAKERSFIELD CA 93313

661-323-6410

661-323-7631

OFFICE 1 8329 BRIMHALL RD BLDG 800 STE 804, BAKERSFIELD CA 93312

661-431-1555

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FLORES-LOPEZ JOSE, T

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
SPANISH

Office # Street:
OFFICE 1 7800 NILES ST , BAKERSFIELD CA 93306

Phone:
661-328-4284

Fax:
661-616-9977

GAREWAL JAGDEEP, S

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
HINDI

Office # Street:
OFFICE 1 2400 WIBLE RD STE 14, BAKERSFIELD CA 93304

Phone:
661-835-1240

Fax:
661-835-4667

GOKLANEY RAVI, K

Group Affiliation: **ADVANCED MEDICAL PSYCHIATRIC SERVICES, INC., A PROFESSIONAL MEDICAL CORPORATION**

Language(s)
HINDI
PUNJABI

GUJARATI

Office # Street:
OFFICE 1 3409 CALLOWAY DR STE 601, BAKERSFIELD CA 93312

Phone:
661-589-1200

Fax:
661-589-7200

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HALL STEPHANIE,

Group Affiliation: OMNI FAMILY HEALTH

Language(s) SPANISH

Office # Street:

Phone:

Fax:

OFFICE 1 4131 MING AVE , BAKERSFIELD CA 93309

866-707-6664

661-746-9197

KALMAN LESLIE,

Group Affiliation: COMMUNITY HEALTH CENTERS OF AMERICA

Language(s) SPANISH

Office # Street:

Phone:

Fax:

HUNGARIAN

OFFICE 1 733 3RD ST , MCFARLAND CA 93250

661-792-3097

661-792-3095

KAMEL KAMEL, L

Group Affiliation: KAMEL LOUIS KAMEL, M.D. INC.

Language(s)

Office # Street:

Phone:

Fax:

OFFICE 1 4199 CAMPUS DR STE 550, IRVINE CA 92612

949-293-3440

949-679-2047

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KAUR JAGDEEP,

Group Affiliation: COMMUNITY HEALTH CENTERS OF AMERICA

Language(s)

PUNJABI, HINDI

Office #

OFFICE 1

Street:

733 3RD ST , MCFARLAND CA 93250

Phone:

661-792-3097

Fax:

661-792-3095

MALINI IYENGAR,

Group Affiliation: KERN PSYCHIATRIC HEALTH AND WELLNESS CENTER, INC.

Language(s) SPANISH

HINDI

KANNADA

TAMIL

Office #

OFFICE 1

OFFICE 1

Street:

6313 SCHIRRA CT STE 1, BAKERSFIELD CA 93313

8329 BRIMHALL RD BLDG 800 STE 804,
BAKERSFIELD CA 93312

Phone:

661-323-6410

661-431-1555

Fax:

661-633-3944

MENDOZA RAUL, Y

Group Affiliation: RAUL Y. MENDOZA, M.D., INC.

Language(s)

FILIPINO

Office #

OFFICE 1

Street:

5500 MING AVE STE 210, BAKERSFIELD CA 93309

Phone:

661-834-8341

Fax:

661-834-6095

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MENTARI MICHAEL, C

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

MOTAMEDI GHAHFAROKHI NEDA,

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

Language(s)

ARABIC, PERSIAN

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

NEHRA VEDIKA,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	3105 WILSON RD , BAKERSFIELD CA	661-397-8775	661-397-8286

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ORTIZ JAIME, L

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	301 BRUNDAGE LN , BAKERSFIELD CA 93304	661-323-6086	661-324-6301

SAHAMI ALCIRA, R

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

SERBAN VALERIA,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2400 WIBLE RD STE 14, BAKERSFIELD CA 93304	661-835-1240	661-835-4667

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SONG SEO FRANCO,

Group Affiliation: KERN PSYCHIATRIC HEALTH AND WELLNESS CENTER, INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	8329 BRIMHALL RD STE 804, BAKERSFIELD CA 93312	661-323-6410	661-323-7631
OFFICE 1	6313 SCHIRRA CT STE 1, BAKERSFIELD CA 93313		

SOSA JUAN, R

Group Affiliation: GOOD SAMARITAN HOSPITAL, A CALIFORNIA LIMITED PARTNERSHIP

Language(s) **SPANISH**

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

TAWA TIMOTHY, M

Group Affiliation: CLINICA SIERRA VISTA

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	1945 N FINE STE 100, FRESNO CA 93727	559-457-5650	559-457-5695

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WALLACE SUSAN, L

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANIH**

Office #	Street:	Phone:	Fax:
OFFICE 1	7800 NILES ST , BAKERSFIELD CA 93306	661-328-4284	661-616-9977

PSYCHOLOGY

CLARK SHELIA, A

Group Affiliation: **SHELIA CLARK**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2108 24TH ST STE 4, BAKERSFIELD CA 93301	661-644-3943	661-242-1583

FISHER JAY, E

Group Affiliation: **JAY EDWARD FISHER**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	5500 MING AVE STE 330, BAKERSFIELD CA 93309	661-827-8833	661-833-8800

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GOKLANEY HASMITA, P

Group Affiliation: ADVANCED MEDICAL PSYCHIATRIC SERVICES, INC., A PROFESSIONAL MEDICAL CORPORATION

Language(s)

HINDI

Office #

OFFICE 1

Street:

3409 CALLOWAY DR STE 601, BAKERSFIELD CA 93312

Phone:

661-589-1200

Fax:

661-589-7200

GUJARATI

PULMONARY DISEASE

ALAM SYED, M

Group Affiliation: SYED ALAM PULMONOLOGY, INC.

Language(s)

URDU

SPANISH

Office #

OFFICE 1

Street:

5531 BUSINESS PARK S STE 201, BAKERSFIELD CA 93309

Phone:

661-324-7300

Fax:

661-324-7306

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ASHRAF-ALIM MUHAMMAD,

Group Affiliation: MUHAMMAD ASHRAF ALIM M.D., INC.

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	3008 SILLECT AVE STE 140, BAKERSFIELD CA	661-377-0091	661-377-1715
HINDI		93308		
PUNJABI				
 SPANISH				

CHANDRASEKHAR JAYARAMAN,

Group Affiliation: J CHANDRASEKHAR, INC

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	6001 TRUXTUN AVE STE 120A, BAKERSFIELD CA	661-327-1352	661-704-4238
HINDI		93309		
TAMIL				

GOYAL RAJAN,

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5531 BUSINESS PARK S STE 201, BAKERSFIELD CA	661-324-7300	661-324-7306
HINDI		93309		
PUNJABI				
 BENGALI				

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HANSA SAHAPHUN, N

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

Language(s)

THAI

Office #

OFFICE 1

Street:

3838 SAN DIMAS ST STE A250, BAKERSFIELD CA
93301

Phone:

661-323-5300

Fax:

661-323-5455

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

RAUF KHALID,

Group Affiliation: CLINICA SIERRA VISTA

Language(s)

Office #

OFFICE 1

Street:

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

Phone:

833-678-2781

Fax:

661-368-0618

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SAINI GURSHARAN,

Group Affiliation: **SAN JOAQUIN VALLEY PULMONARY MEDICAL GROUP, INC.**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5801 TRUXTUN AVE , BAKERSFIELD CA 93309	661-327-3747	661-616-3237
HINDI	OFFICE 1	109 ADKISSON WAY , TAFT CA 93268	661-327-3747	
PUNJABI				

VAGHASIA PRAMIL, B

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	8305 BRIMHALL RD STE 1601, BAKERSFIELD CA 93312	661-695-6777	845-853-6738
SPANISH	OFFICE 1	1205 GARCES HWY STE 203, DELANO Ca 93215	661-725-6910	
GUJARATI				

RADIATION ONCOLOGY

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GORLA GIRIDHAR, G

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

Language(s) **SPANISH**
HINDI

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

REGISTERD DIETICIAN

REYES ACOSTA VICKY,

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	9500 STOCKDALE HWY STE 203, BAKERSFIELD CA 93311	661-587-8110	661-587-8220

REPRODUCTIVE ENDOCRINOLOGY/INFERTILITY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

AYYAGARI RAMCHANDRA, R

Group Affiliation: **RAMCHANDRA AYYAGARI MD**

Language(s)

HINDI
SPANISH

Office #

OFFICE 1

Street:

3535 SAN DIMAS ST STE 20, BAKERSFIELD CA
93301

Phone:

661-323-3266

Fax:

661-323-8130

RHEUMATOLOGY

BACON JEFFREY, K

Group Affiliation: **RHEUMATOLOGY SERVICES MEDICAL GROUP**

Language(s) SPANISH, CHINESE

Office #

OFFICE 1

Street:

8329 BRIMHALL RD STE 801, BAKERSFIELD CA
93312

Phone:

661-695-8385

Fax:

661-679-6801

BHINDER SUMEET, K

Group Affiliation: **SUMEET BHINDER M.D. INC**

Language(s) SPANISH
INDIAN
PUNJABI

SPANISH

Office #

OFFICE 1

Street:

6001 TRUXTUN AVE STE A160, BAKERSFIELD CA
93309

Phone:

661-588-4001

Fax:

661-588-4042

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KIM JIM, C

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

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

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

KOVALOW-ST JOHN KAREN, A

Group Affiliation: **RHEUMATOLOGY SERVICES MEDICAL GROUP**

Language(s) **SPANISH, CHINESE**

Office #	Street:	Phone:	Fax:
OFFICE 1	8329 BRIMHALL RD STE 801, BAKERSFIELD CA 93312	661-695-8385	661-679-6801

LI YI,

Group Affiliation: **RHEUMATOLOGY SERVICES MEDICAL GROUP**

Language(s) **SPANISH**
CHINESE

Office #	Street:	Phone:	Fax:
OFFICE 1	8329 BRIMHALL RD STE 801, BAKERSFIELD CA 93312	661-695-8385	661-679-6801

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

YAZDI NEDA,

Group Affiliation: CLINICA SIERRA VISTA

Language(s)

FARSI

Office #

OFFICE 1

Street:

625 34TH ST STE 100 & 20, BAKERSFIELD CA
93301

Phone:

833-678-2781

Fax:

661-368-0618

YETER KAREN, C

Group Affiliation: CLINICA SIERRA VISTA

Language(s) SPANISH

Office #

OFFICE 1

Street:

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

Phone:

833-678-2781

Fax:

661-368-0618

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

6613956777

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SOCIAL WORK

ALCANTAR-GOMEZ ALEJANDRO,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
SPANISH

Office # Street:
OFFICE 1 217 KERN AVE , MCFARLAND CA 93250

Phone:
661-792-3038

Fax:
661-792-6270

BERRY HEATHER, S

Group Affiliation: **HEATHER BERRY COUNSELING INC.**

Language(s)

Office # Street:
**OFFICE 1 6501 WOFFORD HEIGHTS BLVD UNIT A,
WOFFORD HEIGHTS CA 93285**

Phone:
760-417-2392

Fax:
760-376-3034

CALDERON EMELY, C

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:
OFFICE 1 3105 WILSON RD , BAKERSFIELD CA 93304

Phone:
661-397-8775

Fax:
661-397-8286

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FRAZIER SHERI, L

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	815 DR MARTIN LUTHER KING JR BLVD , BAKERSFIELD CA 93307	661-322-3905	661-322-1370

GOH JANELLE, J

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2400 WIBLE RD STE 14, BAKERSFIELD CA 93304	661-835-124	661-835-4667

GONZALEZ-MCKENZIE NANCY, Y

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	210 N CHESTER AVE , BAKERSFIELD CA 93308	866-707-6664	866-707-6664

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GUEVARA MARIA, G

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:

OFFICE 1 8787 HALL RD , LAMONT CA 93241

Phone:

661-845-3731

Fax:

661-845-1157

HENDERSON BONNIE, J

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:

OFFICE 1 4151 MEXICALI DR , BAKERSFIELD CA 93313

Phone:

866-707-6664

Fax:

661-746-9197

HERNANDEZ FERNANDO,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

SPANISH

Office # Street:

OFFICE 1 1508 GARCES HIGHWAY STE 1, DELANO CA 93215

Phone:

661-725-4780

Fax:

661-725-1048

DHMN-CC 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

PECK MONICA, L

Group Affiliation: **MONICA PECK**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	5300 CALIFORNIA AVE STE 200C, BAKERSFIELD CA 93309	661-805-6362	661-690-5168

SALYER ERIN, M

Group Affiliation: **KERN PSYCHIATRIC HEALTH AND WELLNESS CENTER, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	6313 SCHIRRA CT STE 100, BAKERSFIELD CA 93313	661-431-1555	661-381-7670

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SPRINGER KAYLA, A

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	2400 WIBLE RD STE 14, BAKERSFIELD CA 93304	661-835-1240	661-835-4667

STRAHAN TERI,

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

Language(s) **SPANISH**

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

VALENCIA SUSANA,

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**
SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	425 DEL SOL PKWY , DELANO CA 93215	661-720-4011	661-720-4012

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WYLY LISA,

Group Affiliation: **KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4300 BIRCH AVE , LAKE ISABELLA CA 93240

760-379-1791

760-379-1793

SPEECH LANGUAGE PATHOLOGY

BELL BRIANA, K

Group Affiliation: **BRIANA BELL**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

20717 SOUTH ST STE B, TEHACHAPI CA 93561

661-750-7848

661-246-3179

SPEECH/LANGUAGE/PATHOLOGY

OAKES DEBORAH, K

Group Affiliation: **AFFILIATED SPEECH PATHOLOGY, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2300 TRUXTUN AVE , BAKERSFIELD CA 93301

661-323-4591

661-323-8603

SURGERY OF THE HAND

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BOWEN DAVID, T

Group Affiliation: **DESERT HAND AND PLASTIC SURGERY PC**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

9300 STOCKDALE HWY STE 300, BAKERSFIELD CA
93311

661-664-2200

661-664-2202

WONG CHARLES, D

Group Affiliation: **CHARLES D. WONG, D.O., MEDICAL CORPORATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

9300 STOCKDALE HWY STE 300, BAKERSFIELD CA
93311

661-664-2200

661-852-5989

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

661-663-6259

UROGYNECOLOGY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LEE JUSTIN, T

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA
93311

661-663-6429

661-663-6041

UROLOGY

HOROVITZ DAVID,

Group Affiliation: **DAVID HOROVITZ, MD INC**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3941 SAN DIMAS ST STE 103A, BAKERSFIELD CA
93301

661-520-5010

661-520-5020

OEFELEIN MICHAEL, G

Group Affiliation: **MICHAEL G OEFELEIN 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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SHAKIR SHABBIR, A

Group Affiliation: **SHABBIR SHAKIR, M.D.**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	2808 F ST STE E, BAKERSFIELD CA 93301	661-395-0688	661-395-3082

SNYDER ORRENZO, B

Group Affiliation: **ORRENZO SNYDER, M.D., MEDICAL CORPORATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	263 N PEARSON DR STE 100, PORTERVILLE CA 93257	559-772-4301	559-772-4302

STONE BRUCE, C

Group Affiliation: **BRUCE C. STONE**

Language(s)

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

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WAGUESPACK ROBERT, L

Group Affiliation: ROBERT L. WAGUESPACK, M.D., A PROFESSIONAL CORPORATION

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2530 F ST STE B, BAKERSFIELD CA 93301

661-321-3303

661-321-3308

UROLOGY/FEMALE PELVIC MED AND RECONSTRUCTIVE SURGERY

LEE JUSTIN, T

Group Affiliation: JUSTIN THIEN LEE, MD INC

Language(s)

Office #

Street:

Phone:

Fax:

VIETNAMESE

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA
93311

661-663-6429

661-663-6041

VASCULAR NEUROLOGY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BUI HAO, D

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

Language(s)

VIETNAMESE

Office #

Street:

Phone:

Fax:

OFFICE 1

4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312

661-387-8333

661-241-4052

OFFICE 1

4825 COFFEE RD , BAKERSFIELD CA 93308

661-387-8333

HONARI SARA,

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312

661-387-8333

661-241-4052

OFFICE 1

4825 COFFEE RD , BAKERSFIELD CA 93308

661-387-8333

NGUYEN TIEN, H

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

Language(s)

VIETNAMESE

Office #

Street:

Phone:

Fax:

OFFICE 1

4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312

661-387-8333

661-241-4052

OFFICE 1

4825 COFFEE RD , BAKERSFIELD CA 93308

661-387-8333

VASCULAR SURGERY

DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

CAPOTE ALLAN, L

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

**Language(s) VIETNAMESE
SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312	661-387-8333	661-241-4052
OFFICE 1	4825 COFFEE RD , BAKERSFIELD CA 93308	661-387-8333	

GILL ZORA, S

Group Affiliation: INFUSION AND CLINICAL SERVICES, INC.

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

Office #	Street:	Phone:	Fax:
OFFICE 1	901 OLIVE DRIVE , BAKERSFIELD CA 93308	661-215-7500	661-399-4224
OFFICE 1	5401 WHITE LN , BAKERSFIELD CA 93309	6613967100	
