

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

Provider Specialty / Provider Name

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### ACUPUNCTURE

**LIN YONG SHUN,**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4131 MING AVE , BAKERSFIELD CA 93309

866-707-6664

661-746-9197

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### ALLERGY & IMMUNOLOGY

**SINGH SUDEEP,**

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

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

Office #

Street:

Phone:

Fax:

OFFICE 1

3622 W PACKWOOD AVE , VISALIA CA 93277

559-578-2130

559-431-4721

OFFICE 1

7011 N HOWARD ST STE 201, FRESNO CA 93720

559-431-9571

OFFICE 3

860 W 7TH ST , HANFORD CA 93230

559-578-2130

559-431-4721

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**SIDHU RABINDER, S**

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

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

Office #

Street:

Phone:

Fax:

OFFICE 1

7151 N CEDAR AVE STE 103, FRESNO CA 93720

559-325-7775

559-325-7505

OFFICE 1

807 W OAK ST STE C, VISALIA CA 93291

559-325-7775

OFFICE 3

900 N DOUTY ST STE B, HANFORD CA 93230

559-325-7775

559-325-7505

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

Provider Specialty / Provider Name

**TANUS TONNY,**

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

Language(s) **SPANISH**

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

**PETTIGREW HOWARD, D**

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

Language(s)

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

**BAZ MALIK, N**

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

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

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

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Provider Specialty / Provider Name

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**HIYAMA LAUREN, S**

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

Language(s) **SPANISH**

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

---

**BOREN ERIC, J**

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

Language(s)

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

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### ANESTHESIOLOGY

**PALENCIA ARTURO, E**

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

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

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

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

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### AUDIOLOGY

**WARNER WENDY, P**

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

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

**ANDERSEN DOUGLAS, E**

Group Affiliation: **DOUGLAS E. ANDERSEN**

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

**BURSTEIN JENNIFER, LN**

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

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

### BARIATRIC SURGERY

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

Provider Specialty / Provider Name

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**IRANI HORMUZ,**

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

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

---

**NAIK NIRAV, C**

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

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

---

**JUAREZ CARLOS, M**

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

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

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

Provider Specialty / Provider Name

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### CARDIOLOGY

**COLL ANA, C**

Group Affiliation: **ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

---

**BANKS AARON, E**

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

Language(s)  
**SPANISH**

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

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### CARDIOVASCULAR DISEASE

**THAYAPRAN NALLATHAMBY,**

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

Language(s)

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

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

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**NAIR SHYAM, K**

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

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

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

**NALOS PETER, C**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

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

**LEE TOMMY, C**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **CANTONESE**

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

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**KRUEGER MICHAEL, L**

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

Language(s) SPANISH, PUNJAB

Office #	Street:	Phone:	Fax:
OFFICE 1	7033 N FRESNO ST STE 301, FRESNO CA 93720	559-438-8181	559-438-8179

**SONI BIKRAM, J**

Group Affiliation: CENTRAL CALIFORNIA CARDIOVASCULAR

Language(s)

HINDU

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

**BEHL ASHOK,**

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

Language(s)

HINDI  
PUNJABI

Office #	Street:	Phone:	Fax:
OFFICE 1	567 W PUTNAM AVE STE 1, PORTERVILLE CA 93257	559-781-0386	559-781-8147



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

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**BANERJEE SUPRATIM,**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>432 LEXINGTON AVE STE B, DELANO CA 93215</b>	<b>661-725-7818</b>	<b>661-725-3484</b>

**MEHTA VIRAL, Y**

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

Language(s) **HINDU**  
**GUJARATI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>432 LEXINGTON AVE STE B, DELANO CA 93215</b>	<b>661-725-7818</b>	<b>661-725-3484</b>

**GOWD PAMPANA,**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

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

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**DOCTOR NIRAJ, S**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

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

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**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

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**SHETTY SHAILESH,**

Group Affiliation: **CENTRAL CALIFORNIA CARDIOVASCULAR**

Language(s)

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

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

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**AZIZ KUSAI,**

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

Language(s)

ARABIC

Office #

OFFICE 1

Street:

101 E NOBLE AVE , VISALIA CA 93277

OFFICE 1

105 E NOBLE AVE , VISALIA CA 93277

Phone:

559-735-0500

559-735-0500

Fax:

559-735-0504

**SHARMA SHASHI, K**

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

Language(s)

SPANISH

SPANISH

PUNJABI

Office #

OFFICE 1

Street:

100 WILLOW PLAZA PL STE 208, VISALIA CA 93291

Phone:

559-625-4278

Fax:

559-625-4276

**DEITS RICHARD, M**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

SPANISH

Office #

OFFICE 1

Street:

3838 SAN DIMAS ST STE B201, BAKERSFIELD CA  
93301

Phone:

661-321-3161

Fax:

661-321-3166

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

Provider Specialty / Provider Name

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**SALVO JARED, M**

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

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

Office # **OFFICE 1** Street: **500 OLD RIVER RD STE 260, BAKERSFIELD CA 93311**

Phone: **661-843-6464** Fax: **661-282-8417**

---

**BHAJAL SUKHVINDER, S**

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

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

Office # **OFFICE 1** Street: **5120 W CYPRESS AVE , VISALIA CA 93277**

Phone: **559-635-4800** Fax: **559-635-4844**

---

**GUPTA ANKUR, V**

Group Affiliation: **ANKUR GUPTA MEDICAL CORPORATION**

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

Office # **OFFICE 1** Street: **820 S AKERS ST STE 130, VISALIA CA 93277**

Phone: **559-624-6520** Fax: **559-635-6192**

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### CARDIOVASCULAR/THORACIC SURGERY

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

Provider Specialty / Provider Name

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**ARAIM LEHEB, H**

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

Language(s) **SPANISH**

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

---

**LIN JOHN, C**

**Group Affiliation: CENTRAL CALIFORNIA CHEST SURGERY**

Language(s) **SPANISH**

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

---

**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

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

Provider Specialty / Provider Name

---

**REICH HEIDI, J**

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

Language(s) **SPANISH**

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

---

**PUREWAL SARABJIT, S**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

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

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

---

**PAW PATRICK, T**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

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

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

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

Provider Specialty / Provider Name

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### CHIROPRACTIC MEDICINE

**RYAN TRAVIS, W**

Group Affiliation: **ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

**YBARRA RONALD, P**

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

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

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

**YBARRA RONALD, P**

Group Affiliation: **CHERRY CLINIC**

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

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

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**YBARRA RONALD,**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

**GUTIERREZ JUAN, C**

**Group Affiliation: OMNI FAMILY HEALTH**

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

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

**CAMPOS OSCAR,**

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

Language(s)

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



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**LOPEZ CIARA, K**

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

Language(s) **SPANISH**

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

---

**HONKA THOMAS, M**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**

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

---

### 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	

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### CLINICAL GENETICS & GENOMICS

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

Provider Specialty / Provider Name

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**CURRY CYNTHIA, J**

Group Affiliation: **CYNTHIA CURRY**

Language(s) **SPANISH, FRENCH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>215 N FRESNO ST STE 370, FRESNO CA 93701</b>	<b>559-459-2269</b>	<b>559-459-7179</b>

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### COLON/RECTAL SURGERY

**MALELLARI LORENC,**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

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

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### COMPLEX GENERAL SURGICAL ONCOLOGY

**FOULAD DAVID,**

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

Language(s) **SPANISH**

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

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### DENTIST/PERIODONTICS

**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

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### DERMATOLOGY

**RASKIN BERNARD,**

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

Language(s)

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

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# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

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**CABRAL ERIK, S**

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

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

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

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**FERNANDEZ GEOVER,**

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

Language(s)

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

---

**DAVID CONSUELO, V**

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

Language(s)  
**SPANISH**

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

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

Provider Specialty / Provider Name

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**SHAPIRO STEVEN,**

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

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

---

**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	

---

**AWADALLA FARAH, C**

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

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

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

Provider Specialty / Provider Name

---

**RIOS EON, J**

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

Language(s) **SPANISH**

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

**REYES MELISSA, A**

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

Language(s) **SPANISH**

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

**ZHU GEFEI, A**

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

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**AMMAR NEAL, M**

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

Language(s)

ARABIC  
SPANISH

Office #  
OFFICE 1

Street:  
6501 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:  
661-322-2206

Fax:  
661-322-7027

---

**BERK DAVID, R**

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

Language(s) SPANISH

Office #  
OFFICE 1

Street:  
530 LYTTON AVE 2ND FL, PALO ALTO CA 94301

Phone:  
855-944-7546

Fax:  
800-572-0683

---

**HAMIDI REYHANEH,**

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

Language(s)

Office #  
OFFICE 1

Street:  
530 LYTTON AVE 2ND FL, PALO ALTO CA 94301

Phone:  
855-944-7546

Fax:  
800-572-0683

---

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

Provider Specialty / Provider Name

---

**KAFI REZA,**

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

Language(s)

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

---

**LIN JULIE, H**

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

Language(s)

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

---

**MEHDI RAZA,**

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

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**ABAZA SAM,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	5600 CALIFORNIA AVE STE 101, BAKERSFIELD CA 93309	661-322-2700	661-427-4585
OFFICE 1	300 OLD RIVER RD STE 120, BAKERSFIELD CA 93311	661-322-2700	
OFFICE 3	1200 N CHINA LAKE BLVD , RIDGECREST CA 93555	760-446-9007	760-446-6900
OFFICE 4	1317 MAIN ST STE B, DELANO CA 93215	661-430-9070	661-430-9075

---

**WANG CHEN,**

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

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**WINKELMANN RICHARD, R**

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

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

---

**WONG DAVID, J**

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

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

---

**WONG REYNOLD, C**

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

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

---

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

Provider Specialty / Provider Name

---

**TAHERI DANIEL, P**

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

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

---

### DIAGNOSTIC RADIOLOGY

**VALLES FRANCISCO, E**

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

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

---

**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

---

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

Provider Specialty / Provider Name

---

**BLUME DOUGLAS, N**

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

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

---

**MANSFIELD WILLIAM, P**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH, ARABIC	OFFICE 1	1311 JEFFERSON ST , DELANO CA 93215	661-721-3510	661-721-0562

---

**MORAN ANGEL,**

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

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

---

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

Provider Specialty / Provider Name

---

**BENDAVID ELI, J**

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

Language(s)

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

**PIATT BRADFORD, M**

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

Language(s) SPANISH, CANTO

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

**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

## Independent Medical Group - Tulare 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

---

**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

---

**MERCER NANCI,**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s)

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

---

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

Provider Specialty / Provider Name

---

**LE THU, T**

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

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

---

**JAIN KIREN, S**

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

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

---

**LOEFFLER PAUL, M**

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

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

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

Provider Specialty / Provider Name

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**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

---

**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

---

**ALAGAPPAN RAVI,**

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

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

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## Independent Medical Group - Tulare 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	559-734-5674	
	OFFICE 3	119 S LOCUST ST STE B, VISALIA CA 93291	559-366-7177	866-421-1361

---

**AGUET JAIME, C**

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

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

---

**ABRAMS JOSEPH,**

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

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

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

Provider Specialty / Provider Name

---

**ABE BENNETT, K**

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

Language(s) **SPANISH**

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

---

**ECKEL GREGORY, M**

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

Language(s) **SPANISH, CANTO**

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

---

**DENARO STEPHEN, A**

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

Language(s)

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

---

## Independent Medical Group - Tulare 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

---

**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

---

**SINGH TIGER TEJPAL,**

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

Language(s) **SPANISH**

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

---

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

Provider Specialty / Provider Name

---

**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

---

### 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

---

### ENDOCRINOLOGY DIABETES & METABOLISM

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

Provider Specialty / Provider Name

---

**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

---

**WIN HTET HTET,**

Group Affiliation: **OMNI FAMILY HEALTH**

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

Office #

Street:

Phone:

Fax:

OFFICE 1

4131 MING AVE , BAKERSFIELD CA 93309

866-707-6664

661-746-9197

---

**KUMAR PAWAN,**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

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

Office #

Street:

Phone:

Fax:

OFFICE 1

590 W PUTNAM AVE STE 2A, PORTERVILLE CA  
93257

559-781-3700

559-339-1041

OFFICE 1

252 N HWY 65 , LINDSAY CA 93247

559-781-3700

---

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

Provider Specialty / Provider Name

---

**SAHASRANAM PREM,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	515 W GRANGEVILLE BLVD , HANFORD CA 93230	559-587-1100	559-587-9044
OFFICE 1	1124 N CHINOWTH ST STE 102, VISALIA CA 93291	559-713-6869	

---

**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

---

**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	

---

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

Provider Specialty / Provider Name

---

**PATEL RONAKKUMAR, D**

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**

---

**SIDHU SUKHAMPAL, S**

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**SPANISH**

**OFFICE 1 1313 E HERNDON AVE STE 106, FRESNO CA 93720**

**559-228-6600**

**559-226-3709**

**PUNJABI**

---

**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**

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**FAMILY MEDICINE**

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

Provider Specialty / Provider Name

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**PHUI KHUONG, C**

Group Affiliation: AVENAL COMMUNITY HEALTH CENTER

Language(s) SPANISH

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

### GASTROENTEROLOGY

**RAHAL PARAMVIR, S**

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

Language(s) SPANISH  
SPANISH  
PUNJABI

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

**JAVDAN PARVIZ,**

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

Language(s) SPANISH

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



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

Provider Specialty / Provider Name

---

**MITTAL VIVEK,**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>7045 N MAPLE AVE STE 101, FRESNO CA 93720</b>	<b>559-900-4013</b>	<b>559-900-4172</b>

**WANG HONGTAO, A**

**Group Affiliation: VALLEY GASTROENTEROLOGY INSTITUTE INC**

Language(s) **CHINESE**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1191 E HERNDON AVE STE 103, FRESNO CA 93720</b>	<b>559-794-2168</b>	<b>559-272-1387</b>
<b>OFFICE 1</b>	<b>2823 FRESNO ST , FRESNO CA 93720</b>	<b>559-459-6410</b>	

**BHAIKA HARPAL, S**

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

Language(s) **SPANISH  
PUNJABI  
HINDU**

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

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

Provider Specialty / Provider Name

---

**RAHAL SIMRITA,**

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

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

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

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

---

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CHOWDHURY TABASSUM, A**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>5959 TRUXTUN AVE STE 100, BAKERSFIELD CA 93309</b>	<b>661-324-1203</b>	<b>661-321-3271</b>

**KALHA ISHAAN, S**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>1519 GARCES HWY STE 3, DELANO CA 93215</b>	<b>661-324-1203</b>	<b>661-716-1226</b>

**RAHIMI-NAINI SOHRAB,**

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

Language(s)  
**FARSI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>440 W PUTNAM AVE , PORTERVILLE CA 93257</b>	<b>559-615-0059</b>	<b>559-615-0055</b>

## Independent Medical Group - Tulare 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) **SPANISH**  
**HINDU**  
**PUNJABI**

Office #	Street:	Phone:	Fax:
OFFICE 1	5959 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309	661-324-1203	661-324-3195
OFFICE 1	1519 GARCES HWY STE 3, DELANO CA 93215	661-324-1203	

**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

**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

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

Provider Specialty / Provider Name

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### GENERAL SURGERY

**ZHOU JING,**

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

**LEE CHIH CHENG,**

Group Affiliation: **ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

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

**PANDYA GAURANG, S**

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

Language(s)

**HINDU**

Office #	Street:	Phone:	Fax:
OFFICE 1	555 W PUTNAM AVE , PORTERVILLE CA 93257	559-782-8533	559-782-8544

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

Provider Specialty / Provider Name

---

**PANDYA GAURANG, S**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	555 W PUTNAM AVE , PORTERVILLE CA 93257	559-782-8533	559-782-8544
OFFICE 1	303 W NOBLE AVE , VISALIA CA 93277	559-782-8533	

**HAKIMI AHMAD, N**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	557 W MORTON AVE STE B, PORTERVILLE CA 93257	559-781-9922	559-781-9925
OFFICE 1	1107 W POPLAR AVE , PORTERVILLE 93257	877-960-3426	

**MOON CYRUS, R**

Group Affiliation: **MOON MD INCORPORATED**

Language(s)

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

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

Provider Specialty / Provider Name

---

**ANDERSON CASANDRA, A**

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

Language(s) SPANISH

Office # Street:

OFFICE 1 7130 N MILLBROOK AVE , FRESNO CA 93720

Phone:

559-326-1222

Fax:

559-326-1225

---

**ENTABI FATEH,**

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

Language(s) SPANISH  
ARABIC

Office # Street:

OFFICE 1 1070 N CHERRY ST , TULARE CA 93274

Phone:

559-412-5533

Fax:

559-412-5534

---

**THOMAS DEBI,**

Group Affiliation: ADVENTIST HEALTH DELANO

Language(s) SPANISH

Office # Street:

OFFICE 1 1201 JEFFERSON ST , DELANO CA 93215

Phone:

661-721-0737

Fax:

661-721-0738

---

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PUGALENTHI AMUDHAN,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

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

**ENTABI FATEH,**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

**SINGH GURMANT, P**

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

Language(s)

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



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

Provider Specialty / Provider Name

---

**FAWIBE OLUWATOSIN,**

**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

---

**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

---

**GARCIA EDWIN,**

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

Language(s) SPANISH  
SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

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

Provider Specialty / Provider Name

---

**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	

**TIEN HUEY YUAN,**

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

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

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

**SERALATHAN RAMASAMY,**

Group Affiliation: **RAMASAMY SERALATHAN**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	560 W PUTNAM AVE STE 8, PORTERVILLE CA 93257	559-781-2000	559-781-8679

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**JOHNSON DAWN,**

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

Language(s) **SPANISH**

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

**KWOCK CHRISTINA, L**

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

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>500 PUTNAM AVE STE 1026D, PORTERVILLE CA 93257</b>	<b>559-544-6865</b>	<b>559-791-3909</b>

**KINTER CHRISTOPHER, R**

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

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>6101 N FRESNO ST STE 101, FRESNO CA 93710</b>	<b>559-840-1890</b>	<b>559-319-8961</b>

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

Provider Specialty / Provider Name

---

**IBERDEMAJ RAME, D**

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

Language(s)

ALBANIAN  
CROATIAN  
SERBIAN

Office #

OFFICE 1

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1000 E ALMOND AVE , MADERA CA 93637

Phone:

559-673-5657

Fax:

559-599-9726

---

### GYNECOLOGIC ONCOLOGY

**TAMMELA JONATHAN, E**

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

Language(s)

Office #

OFFICE 1

Street:

500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

Phone:

661-663-6429

Fax:

661-663-6041

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**MANRRIQUEZ ERICA, N**

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

Language(s)

SPANISH

Office #

OFFICE 1

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500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

Phone:

661-663-6429

Fax:

661-663-6041

---

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

Provider Specialty / Provider Name

---

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

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

---

### GYNECOLOGY

**NGUYEN JOHN, T** Group Affiliation: VALLEY HEALTHCARE CENTERS

Language(s) <b>SPANISH</b> <b>SPANISH</b>	Office #	Street:	Phone:	Fax:
	<b>OFFICE 1</b>	<b>590 W PUTNAM AVE , PORTERVILLE CA 93257</b>	<b>559-781-3700</b>	<b>559-339-1041</b>

---

### HEMATOLOGY

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

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

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

Provider Specialty / Provider Name

---

**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

---

**NGUYEN VINH-LINH, B**

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

Language(s) SPANISH, VIETNA

Office #

OFFICE 1

Street:

4500 MORNING DR STE 105, BAKERSFIELD CA 93306

Phone:

661-491-5060

Fax:

661-379-6363

---

**ESTRADA DEXTER, T**

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

Language(s) SPANISH

Office #

OFFICE 1

Street:

7130 N MILLBROOK AVE , FRESNO CA 93720

Phone:

559-326-1222

Fax:

559-326-1225

---

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

Provider Specialty / Provider Name

---

**BALOCH ANWER,**

Group Affiliation: **ANWER BALOCH MD.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

200 N G ST , PORTERVILLE CA 93257

559-783-8063

559-783-8073

---

**PATIL SADANAND,**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

661-322-2206

661-322-7027

---

**PATEL RAVI,**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

661-322-2206

661-633-3669

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

Provider Specialty / Provider Name

---

**JAWIEN WILLIAM, J**

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

Language(s) **SPANISH**

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

---

**KANAMORI DAVID, E**

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

Language(s)  
**SPANISH**

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

---

**SHAMBAUGH SHAWN, C**

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

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

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

---



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

Provider Specialty / Provider Name

---

**SHEKAR KOTA,**

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

Language(s)

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

---

**HACKETT LEONARD, T**

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

Language(s) **SPANISH**

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

---

**RAO RAVI, D**

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

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

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

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

Provider Specialty / Provider Name

---

**HAGER STEVEN, J**

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

Language(s) **SPANISH**

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

---

### HOSPICE/PALLIATIVE CARE

**PATEL RISHI, R**

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

Language(s) **SPANISH**

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

---

### INFECTIOUS DISEASE

**FELIZARTA FRANCO, A**

**Group Affiliation: FRANCO ANTONIO BALAMBAN FELIZARTA**

Language(s)  
**TAGALOG**

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

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

Provider Specialty / Provider Name

---

**KITT SEE-RUERN, S**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2323 16TH ST STE 108, BAKERSFIELD CA 93301</b>	<b>661-325-2448</b>	<b>661-325-7425</b>

---

**HEIDARI-FOROUSHANI ARASH,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

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

---

**SENINING RANDOLPH, C**

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

Language(s)  
**FILIPINO**

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

---

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

Provider Specialty / Provider Name

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**RAJU MINA,**

Group Affiliation: MINA RAJU DO INC

Language(s)

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

---

### INTERNAL MEDICINE

**VAFADOUSTE GHOLAMREZA,**

Group Affiliation: COMMUNITY HEALTH CENTERS OF AMERICA

Language(s) FRENCH, PERSIAN,

Office #	Street:	Phone:	Fax:
OFFICE 1	733 3RD ST , MCFARLAND CA 93250	661-792-3097	661-792-3095

**BANSAL RUCHI,**

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

Language(s) SPANISH  
SPANISH  
HINDI

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

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### INTERVENTIONAL CARDIOLOGY

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

Provider Specialty / Provider Name

---

**DESAI CHIRAG, K**

**Group Affiliation: OMNI FAMILY HEALTH**

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

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

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

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

---

**SHARMA SANJIV,**

**Group Affiliation: CENTRIC HEALTH**

Language(s) **SPANISH**

Office # **Street:**  
**OFFICE 1 2901 SILLECT AVE STE 100, BAKERSFIELD CA 93308**

**Phone:**  
**661-323-8384**

**Fax:**  
**661-323-9326**

---

**REDDY H KIRAN, K**

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

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

Office # **Street:**  
**OFFICE 1 1114 W 6TH ST STE 102, HANFORD CA 93230**

**Phone:**  
**559-587-9901**

**Fax:**  
**559-582-9755**

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### INTERVENTIONAL/DIAGNOSTIC RADIOLOGY

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

Provider Specialty / Provider Name

---

**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

---

### LICENSED CLINICAL SOCIAL WORKER

**COVARRUBIAS RAUL,**

Group Affiliation: **CHERRY CLINIC**

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

Office #

Street:

Phone:

Fax:

OFFICE 1

40657 ROAD 128 , CUTLER CA 93615

559-390-0023

559-426-6069

---

### MARRIAGE/FAMILY THERAPY

**FRANKLIN JAMIE, L**

Group Affiliation: **ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2300 7TH ST , WASCO CA 93280

661-758-4184

661-748-4188

---

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

Provider Specialty / Provider Name

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### MATERNAL AND FETAL MEDICINE

**HELM DOUGLAS, A**

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

Language(s)

SPANISH

Office #

OFFICE 1

OFFICE 1

Street:

2273 E BEECHWOOD AVE , FRESNO CA 93720

2210 E ILLINOIS AVE STE 308, FRESNO CA 93701

Phone:

559-268-8307

559-268-8307

Fax:

559-268-0650

### MEDICAL ONCOLOGY

**GUPTA SACHIN,**

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

Language(s) SPANISH

Office #

OFFICE 1

Street:

7130 N MILLBROOK AVE , FRESNO CA 93720

Phone:

559-326-1222

Fax:

559-326-1225

**KUO SAMUEL, S**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) SPANISH

Office #

OFFICE 1

Street:

1101 N CHERRY ST , TULARE CA 93274

Phone:

559-686-9097

Fax:

559-366-7060

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

Provider Specialty / Provider Name

---

**PARVEEZ RABIA,**

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

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

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

---

**ALAM MUHAMMAD, M**

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

Language(s) **SPANISH**

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

---

**PASCUZZO JOSEPH, M**

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

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**IBRAHIM DINA,**

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

Language(s) SPANISH  
ARABIC

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

**HASEEB ABDUL, M**

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

Language(s) SPANISH

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

**KUO SAMUEL, S**

Group Affiliation: SAMUEL SHIH-HSIUNG KUO

Language(s)  
CHINESE

Office #	Street:	Phone:	Fax:
OFFICE 1	1088 N CHERRY ST , TULARE CA 93274	559-688-8899	559-688-8889

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**NATUROPATHY**

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

Provider Specialty / Provider Name

---

**GADDAM KALYAN, R**

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

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

---

### NEPHROLOGY

**YANG TOM,**

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

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

**ALI SLAMAT,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	3933 COFFEE RD STE B, BAKERSFIELD CA 93308	559-228-6600	559-226-3709
PUNJABI	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

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

Provider Specialty / Provider Name

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**JAVED TARIQ,**

Group Affiliation: **TARIQ JAVED M.D. INC**

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

---

**SINGH JASJIT,**

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

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

---

**JOSHI SUDHIR, S**

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

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

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

Provider Specialty / Provider Name

---

**CHAPAGAIN BIKASH,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

---

**GARCHA AMARINDER, S**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

---

**KATIBAH IBRAHIM,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

---

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

Provider Specialty / Provider Name

---

**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

**MARTINEZ GREGORY, S**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s) SPANISH, HMONG  
SPANISH

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

**KAZMI HASHIM, R**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s) SPANISH, PUNJAB

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

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

Provider Specialty / Provider Name

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**HWANG MEI-TSUEY,**

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

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

---

**CHEN WEI-TZUOH,**

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

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

---

**CAO YANGMING,**

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

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

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

Provider Specialty / Provider Name

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**VEMURI NIRUPAMA,**

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

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

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

**THOMAS MOHSEN,**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

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

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

**GURM HARMEET, S**

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

Language(s)

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

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

Provider Specialty / Provider Name

---

**LEVY STEVEN, B**

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

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

---

**GERARDINE SUPRIYA, S**

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

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

---

**SAXENA NISHKARSH,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	432 LEXINGTON AVE STE A, DELANO CA 93215	661-588-9999	661-588-9041
HINDU				

---



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

Provider Specialty / Provider Name

---

**DHAYALAN DHAYANITHI,**

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

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

---

**ADAPA SREEDHAR, R**

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

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

---

**SAXENA NISHKARSH,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	6621 LAKE ISABELLA BLVD , LAKE ISABELLA CA 93240	661-588-9999	661-588-9041
HINDU				

---

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

Provider Specialty / Provider Name

---

**ADAPA SREEDHAR, R**

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

Language(s) **SPANISH**

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

**SURI ANURADHA,**

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

Language(s)

**SPANISH  
GERMAN  
HINDU**

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

**DORSAINVIL DOMINIQUE,**

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

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

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

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

Provider Specialty / Provider Name

---

**AGRAWAL SIDDHARTHA,**

Group Affiliation: **BASS MEDICAL GROUP**

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

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

---

**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**  
**HINDU**

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

---

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

Provider Specialty / Provider Name

---

**SANCHEZ RIVERA NEYSHA, J**

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

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

---

**SAXENA NISHKARSH,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	3933 COFFEE RD STE B, BAKERSFIELD CA 93308	661-588-9999	661-588-9041
HINDU				

---

**DUFLOT JOSEPH, C**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
	OFFICE 1	800 N ST , SANGER CA 93657	559-228-6600	
	OFFICE 3	1205 EVERGREEN ST , SELMA CA 93662	559-228-6600	559-226-3709
	OFFICE 4	515 W ACEQUIA STE A, FRESNO CA 93291	559-228-6600	559-226-3709

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

Provider Specialty / Provider Name

---

**ATWAL SUKHVIR, S**

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

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

---

**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	

---

**MUBIN TARIQ,**

**Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP**

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

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

Provider Specialty / Provider Name

---

**ADAPA SREEDHAR, R**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

**DHINDSA HARPREET, S**

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

Language(s)

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

**SOURIAL MARYANNE,**

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

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

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

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

Provider Specialty / Provider Name

---

**BARSOUM Y WILLIAM,**

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

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

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

**DHINGRA HEMANT,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

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

**SU STEVE, W**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s)  
**CHINESE**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	559-226-3709
OFFICE 1	800 N ST , SANGER CA 93657	559-228-6600	
OFFICE 3	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709

### NEUROLOGICAL SURGERY

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

Provider Specialty / Provider Name

---

**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

---

**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

---

**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

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

Provider Specialty / Provider Name

---

**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

---

### NEUROLOGY

**BANASH SHAWN,**

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)

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

**SALEHI HAMID, R**

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

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

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

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

Provider Specialty / Provider Name

---

**MAHENDRARAJAH SULAGSHAN,**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

8355 BRIMHALL RD # 1100, BAKERSFIELD CA  
93312

661-432-7852

661-432-7852

---

**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

---

**CHAHIL BOOTA, S**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

1101 N CHERRY ST , TULARE CA 93274

559-686-9097

559-366-7060

---

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

Provider Specialty / Provider Name

---

**WANG YAWEN,**

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

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

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

**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

**RAVI VINUTHA,**

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

Language(s) **SPANISH  
TAGALOG  
HINDU**

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

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

Provider Specialty / Provider Name

---

**THOMAS KIRON,**

**Group Affiliation: UNITED NEUROSCIENCE, INC**

Language(s)

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

**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

**LABIB SAMEH, S**

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

Language(s) SPANISH, ARABIC  
ARABIC

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

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

Provider Specialty / Provider Name

---

**DANDAMUDI VENKATA,**

**Group Affiliation: UNITED NEUROSCIENCE, INC**

Language(s)

HINDU

Office #

OFFICE 1

Street:

3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301

Phone:

661-632-7126

Fax:

661-324-3606

OFFICE 1

3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301

661-324-0500

---

**THIAGARAJAN RAMU,**

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

Language(s)

TAMIL

Office #

OFFICE 1

Street:

382 N PEARSON DR , PORTERVILLE CA 93257

Phone:

559-783-0100

Fax:

559-783-0200

---

**JANAKIRAMAN VENKATESH,**

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

Language(s) SPANISH

TAMIL

HINDU

Office #

OFFICE 1

Street:

3400 CALLOWAY DR STE 100, BAKERSFIELD CA 93312

Phone:

661-776-3876

Fax:

661-766-3876

---

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

**Provider Specialty / Provider Name**

---

**ALEXAN-SHIRABAD RICHARD,**

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

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

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

Language(s) SPANISH TAMIL	Office # OFFICE 1	Street: 590 W PUTNAM AVE STE 2A, PORTERVILLE CA 93257	Phone: 559-781-3700	Fax: 559-339-1041
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**CHAHIL BOOTA, S**

**Group Affiliation: BOOTA S CHAHIL**

Language(s) PUNJABI	Office # OFFICE 1 OFFICE 1 OFFICE 3	Street: 117 N AKERS ST , VISALIA CA 93291 110 N D ST , PORTERVILLE CA 93257 432 LEXINGTON ST STE C, DELANO CA 93215	Phone: 559-625-0202 559-625-0202 559-625-0202	Fax: 661-206-4081  661-206-4081
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**NEUROLOGY/PEDIATRIC**

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

Provider Specialty / Provider Name

---

**DAVID RAYMUND, R**

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

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

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

---

### OBSTETRICS & GYNECOLOGY

**RIVERA MARTHA, M**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

**HALL LYNOUS, W**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s)  
**SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>625 34TH ST STE 100 &amp; 200, BAKERSFIELD CA 93301</b>	<b>833-678-2781</b>	<b>661-368-0618</b>
<b>OFFICE 1</b>	<b>425 DEL SOL PKWY , DELANO CA 93215</b>	<b>661-720-4011</b>	

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

Provider Specialty / Provider Name

---

**RESENDIZ RIOS FAUSTINO, R**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

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

---

**SALAS JOSE, R**

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

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

---

**LEE FENGLALY, C**

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

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

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

Provider Specialty / Provider Name

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**SABOGAL TAMAYO JUAN, C**

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

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

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

**SINGLETON CHRYSAL, JL**

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

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

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

**LASCANO MIGUEL, L**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

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

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

Provider Specialty / Provider Name

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**LICHTENSTEIN RON,**

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

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

---

**RATL MRAD YASSER, S**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1022 CALLOWAY DR , BAKERSFIELD CA 93312	866-707-6664	661-746-9197
ARABIC	OFFICE 1	210 N CHESTER AVE , BAKERSFIELD CA 93308	866-707-6664	

---

**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				

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## Independent Medical Group - Tulare 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
HINDU	OFFICE 1	1217 7TH ST , WASCO CA 93280	661-758-5500	
PUNJABI	OFFICE 3	432 LEXINGTON ST , DELANO CA 93215	661-725-2512	
SPANISH				

---

**SHAKESPEARE CARY, S**

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

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

---

**DENNIS-JOHNSON DEBBIE, A**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

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

Provider Specialty / Provider Name

---

**DENNIS-JOHNSON DEBBIE, A**

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

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

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

**ALLEN EDWARD, C**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>3838 SAN DIMAS ST STE A200, BAKERSFIELD CA 93301</b>	<b>661-654-0200</b>	<b>661-326-1633</b>

**BANKS SHIMEKA, L**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

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**BETRE ABRAHAM,**

**Group Affiliation: ABRAHAM BETRE DO**

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

Office # Street:  
**OFFICE 1 925 E MERRITT AVE , TULARE CA 93274**

Phone:  
**559-688-6400**

Fax:  
**559-688-6500**

---

**BETRE ABRAHAM, M**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office # Street:  
**OFFICE 1 1101 N CHERRY ST , TULARE CA 93274**

Phone:  
**559-686-9097**

Fax:  
**559-366-7060**

---

**VICENTE RODOLFO, E**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office # Street:  
**OFFICE 1 1101 N CHERRY ST , TULARE CA 93274**

Phone:  
**559-686-9097**

Fax:  
**559-366-7060**

---

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

Provider Specialty / Provider Name

---

**MENDEZ DIEGO,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

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

---

**PANG KIN,**

Group Affiliation: **ALTURA CENTERS FOR HEALTH**

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

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

---

**LOPEZ LUIS, F**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

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

---

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

Provider Specialty / Provider Name

---

**GEILING MICHAEL, D**

Group Affiliation: MICHAEL D. GEILING, INC.

Language(s)

SPANISH

Office #

OFFICE 1

Street:

254 N KESSING ST , PORTERVILLE CA 93257

Phone:

559-781-8500

Fax:

559-781-8300

---

**PEREZ LEONARD,**

Group Affiliation: ADVENTIST HEALTH DELANO

Language(s) SPANISH

SPANISH

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OFFICE 1

Street:

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Phone:

661-721-0737

Fax:

661-721-0738

OFFICE 1

2300 7TH ST , WASCO CA 93280

661-758-4184

---

**MANGAT CHARNPAL, S**

Group Affiliation: CHARNPAL MANGAT, M.D. INC

Language(s) SPANISH

PUNJABI

HINDI

Office #

OFFICE 1

Street:

2700 F ST STE 300 2ND FLR, BAKERSFIELD CA  
93301

Phone:

661-322-4902

Fax:

661-322-4904

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

Provider Specialty / Provider Name

---

**UNG FEEI FEEI, W**

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

Language(s) **SPANISH**

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

---

**SAUTTER CASEY, L**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	6107 N 1ST ST , FRESNO CA 93710	866-707-6664	661-459-1974

---

**SARRIA IVAN,**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**SALJOUGHY TOGROL,**

Group Affiliation: **TOGROL SALJOUGHY**

Language(s)

**SPANISH  
FARSI**

Office #

**OFFICE 1**

Street:

**115 E HONOLULU ST , LINDSAY CA 93247**

Phone:

**559-562-2278**

Fax:

**559-562-3666**

---

**LOPEZ JUAN, M**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)

Office #

**OFFICE 1**

Street:

**4900 CALIFORNIA AVE , BAKERSFIELD CA 93309**

Phone:

**866-707-6664**

Fax:

**661-746-9197**

**OFFICE 1**

**912 FREMONT ST , DELANO CA 93215**

**866-707-6664**

---

**BORBERG FRANCESCHI CHRISTIAN, J**

Group Affiliation: **ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

Office #

**OFFICE 1**

Street:

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

Phone:

**559-686-9097**

Fax:

**559-366-7060**

---

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

Provider Specialty / Provider Name

---

**LIU CORINNA, YH**

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

Language(s) **SPANISH**

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

---

**WU EIJEAN,**

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

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

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

---

**BALDONADO JESUS, P**

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

Language(s) **SPANISH**

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

---

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

### Provider Specialty / Provider Name

---

**MAYER JONATHAN, J**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:

**OFFICE 1 925 G STREET , REEDLEY CA 93654**

Phone:

**866-707-6664**

Fax:

**661-746-9197**

---

### OCCUPATIONAL THERAPY

**SANTANA MARIA,**

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

Language(s)

Office # Street:

**OFFICE 1 7737 MEANY AVE STE B5, BAKERSFIELD CA 93308**

Phone:

**661-377-1700**

Fax:

**661-616-9199**

---

**CHEN JANNET,**

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

Language(s)

Office # Street:

**OFFICE 1 7737 MEANY AVE STE B5, BAKERSFIELD CA 93308**

Phone:

**661-377-1700**

Fax:

**661-616-9199**

---

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

Provider Specialty / Provider Name

---

**OBANDO HOWARD,**

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

---

**RAYNES REUBEN JAY, B**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

5337 TRUXTUN AVE , BAKERSFIELD CA 93309

661-328-0650

661-328-0654

---

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

Provider Specialty / Provider Name

---

**BIAGTAN CZARINA, MR**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7737 MEANY AVE STE B5, BAKERSFIELD CA 93308

661-377-1700

661-616-9199

---

**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

---

### OPHTHALMOLOGY

**SUNALP MURAD, A**

Group Affiliation: **SUNALP LASER VISION INC**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**TURKISH**

OFFICE 1

880 E MERRITT AVE STE 109, TULARE CA 93274

559-688-2020

559-688-8526

---

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

Provider Specialty / Provider Name

---

**LEIBOWITZ STEVEN,**

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

Language(s) **SPANISH**

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

**STEINLE NATHAN, C**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

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

**NASIR MA'AN, A**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

**ARABIC**

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

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

Provider Specialty / Provider Name

---

**ALEXANDRAKIS GEORGE,**

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

Language(s)	Office #	Street:	Phone:	Fax:
GREEK	OFFICE 1	1420 HIGH ST STE B, DELANO CA 93215	559-782-8578	559-782-8594

**NGUYEN LOAN, K**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH, ARMENI	OFFICE 1	6767 N FRESNO ST , FRESNO CA 93710	559-432-1000	559-432-1034
SPANISH	OFFICE 1	2514 JENSEN ST STE 103, SANGER CA 93657	559-875-2000	
VIETNAMESE				
FRENCH				

**SEE ROBERT, F**

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

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

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

Provider Specialty / Provider Name

---

**YANG DONG, D**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s) SPANISH

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

**BIANCO LUKE, S**

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

Language(s)  
SPANISH

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

**KOUCHOUK AMR, M**

Group Affiliation: HOLLYWOOD EYE ASSOCIATES

Language(s)

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



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

Provider Specialty / Provider Name

---

**KIM RICHARD, D J**

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

Language(s)

**KOREAN**

Office #

**OFFICE 1**

Street:

**2323 16TH ST STE 400, BAKERSFIELD CA 93301**

Phone:

**800-898-2020**

Fax:

**844-897-3788**

---

**HASNAIN SYED, S**

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

Language(s) **SPANISH**

**URDU**

**PUNJABI**

Office #

**OFFICE 1**

Street:

**332 N VILLA ST , PORTERVILLE CA 93257**

Phone:

**559-781-7482**

Fax:

**559-781-8446**

---

**DHOOT DILSHER, S**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s) **SPANISH**

Office #

**OFFICE 1**

Street:

**5404 W CYPRESS AVE STE 101, VISALIA CA 93277**

Phone:

**559-627-5200**

Fax:

**559-627-5222**

**OFFICE 1**

**5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309**

**661-325-4393**

---

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

Provider Specialty / Provider Name

---

**LEARNED DANIEL, L**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s) **SPANISH**

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

**CLARK ANDREW, J**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5555 BUSINESS PARK SOUTH STE 100, BAKERSFIELD CA 93309	661-325-4393	661-322-8489
OFFICE 1	525 E MICHELTORENA ST STE A, SANTA BARBARA CA 93103	805-963-1648	

**AVERY ROBERT, L**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)  
**SPANISH**

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

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

Provider Specialty / Provider Name

---

**CHAWLA ANUJ,**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9500 STOCKDALE HWY STE 108, BAKERSFIELD CA 93311	661-663-8500	661-663-8688
OFFICE 1	137 S ASPEN CT STE C, VISALIA CA 93291	559-733-7024	
OFFICE 3	2323 16TH ST STE 400, BAKERSFIELD CA 93301	661-479-0757	661-634-8044

---

**KAYE DAVID, B**

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

Language(s) **SPANISH**  
**AFRIKAANS**  
**HEBREW**

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

---

**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	

---

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

Provider Specialty / Provider Name

---

**CASTELLARIN ALESSANDRO, A**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

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

---

**COUVILLION STEPHEN, S**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

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

---

**PIERAMICI DANTE, J**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5404 W CYPRESS AVE STE 101, VISALIA CA 93277	559-627-5200	559-667-5222
	OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	

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

Provider Specialty / Provider Name

---

### OPTOMETRY

**BANDAK DIANA,**

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

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

**NGUYEN ALAIN, H**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	3880 GOSFORD RD STE 200, BAKERSFIELD CA 93309	661-396-7772	661-396-7773
VIETNAMESE				
SPANISH	OFFICE 1	2020 NILES ST UNIT A, BAKERSFIELD CA 93305	661-871-7770	

**SUORSA TIMOTHY, P**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	524 W PUTNAM AVE , PORTERVILLE CA 93257	559-784-5127	559-784-4288

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

Provider Specialty / Provider Name

---

**BAJWA RANJEET,**

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

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

Office # Street:  
**OFFICE 1 833 SEQUOIA AVE , LINDSAY CA 93247**

Phone:  
**559-562-1361**

Fax:  
**559-784-5433**

---

**REBER DOUGLAS, C**

**Group Affiliation: OMNI FAMILY HEALTH**

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

Office # Street:  
**OFFICE 1 525 ROBERTS LN , BAKERSFIELD CA 93308**  
**OFFICE 1 2101 7TH ST STE B, WASCO CA 93280**  
**OFFICE 3 4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313**

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

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

---

**KALBAKJI NATALY,**

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

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

Office # Street:  
**OFFICE 1 2323 16TH ST STE 400, BAKERSFIELD CA 93301**

Phone:  
**800-898-2020**

Fax:  
**844-897-3788**

---

### ORAL/MAXILLOFACIAL SURGERY

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

Provider Specialty / Provider Name

---

**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

**WOO BRIAN, M**

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

Language(s)

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

**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

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

Provider Specialty / Provider Name

---

**ZAKHARY GEORGE, 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

---

**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

---

**ORTHOPAEDIC SURGERY**

**DUNCAN IAN, C**

Group Affiliation: ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

820 S AKERS ST STE 220, VISALIA CA 93277

559-733-3346

559-733-5059

---



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

Provider Specialty / Provider Name

---

**LE BRUCE, N**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

820 S AKERS ST STE 220, VISALIA CA 93277

559-733-3346

559-733-5059

---

**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

---

**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

---

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

Provider Specialty / Provider Name

---

**DANIELS MATHIAS, W**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

820 S AKERS ST STE 220, VISALIA CA 93277

559-733-3346

559-733-5059

---

**LESTER DON, K**

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

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

Office #

Street:

Phone:

Fax:

OFFICE 1

6085 N 1ST ST STE 101, FRESNO CA 93710

559-431-2332

559-431-3784

---

**WAHBA GEORGE, M**

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

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

Office #

Street:

Phone:

Fax:

OFFICE 1

300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-664-2300

661-663-6711

---

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

Provider Specialty / Provider Name

---

**DUNCAN IAN, C**

Group Affiliation: SEQUOIA MULTISPECIALTY MEDICAL GROUP

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4050 S DEMAREE ST , VISALIA CA 93277

559-302-8169

559-345-9667

---

**KIM JUN,**

Group Affiliation: ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

820 S AKERS ST STE 220, VISALIA CA 93277

559-733-3346

559-733-5059

---

**CRINER SETH, H**

Group Affiliation: ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

820 S AKERS ST STE 220, VISALIA CA 93277

559-733-3346

559-733-5059

---

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

Provider Specialty / Provider Name

---

**COPPOLA ALFRED, J**

Group Affiliation: **ALFRED J. COPPOLA, JR. M.D., INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9300 STOCKDALE HWY STE 300, BAKERSFIELD CA 93311	661-664-2200	661-852-5989

**UNAL BERKAY,**

Group Affiliation: **BERKAY UNAL MD PC**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	300 OLD RIVER RD STE 200, BAKERSFIELD CA 93311	661-664-2300	661-663-6259

**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

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

Provider Specialty / Provider Name

---

**SRIVASTAVA PRAMOD, K**

Group Affiliation: **PRAMOD K. SRIVASTAVA**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	110 N D ST , PORTERVILLE CA 93257	559-782-5177	559-782-5176
OFFICE 1	432 LEXINGTON AVE STE C, DELANO CA 93215	661-725-0713	

**TAN TIMOTHY, L**

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

Language(s) **SPANISH  
CHINESE**

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

### ORTHOPEDIC SURGERY

**TAN TIMOTHY, L**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	465 W PUTNAM AVE , PORTERVILLE CA 93257	559-784-1110	
OFFICE 1	400 W MINERAL KING AVE , VISALIA CA 93291	5596242000	
OFFICE 3	263 PEARSON DR , PORTERVILLE CA 93257	5597841110	

### OTOLARYNGOLOGY HEAD AND NECK SURGERY

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

Provider Specialty / Provider Name

---

**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**

---

**SINGH JAGDEV,**

Group Affiliation: **JAGDEV SINGH**

Language(s)

Office #

Street:

Phone:

Fax:

**PUNJABI**

OFFICE 1

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

**559-435-5576**

**559-435-4618**

**HINDU**

---

**VADAPALLI SATISH, R**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

**8307 BRIMHALL RD STE 1706, BAKERSFIELD CA  
93312**

**661-846-7336**

**661-215-1891**

---

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

Provider Specialty / Provider Name

---

**SMITH LONNIE, R**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

**DUARTE VICTOR, M**

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

Language(s)  
**SPANISH**

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

### PAIN MANAGEMENT

**WASHINGTON DEIRDRE,**

**Group Affiliation: WASHINGTON & ASSOCIATES**

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**PARMAR ASHOK, M**

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

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

Office #	Street:	Phone:	Fax:
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---

**KHOURY PHILIP, G**

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

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

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>3850 RIVERLAKES DRIVE STE B, BAKERSFIELD CA 93312</b>	<b>661-241-9338</b>	<b>661-402-3540</b>

---

**MOZINGO RALPH, D**

Group Affiliation: **HULLANDER AND MOZINGO LP**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
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---



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

Provider Specialty / Provider Name

---

**WILSON CHRISTOPHER, E**

Group Affiliation: PAIN INSTITUTE OF CENTRAL CALIFORNIA, INC.

Language(s) SPANISH  
SPANISH

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OFFICE 1 9802 STOCKDALE HWY STE 105, BAKERSFIELD CA  
93311

Phone:

661-665-7880

Fax:

661-665-7811

---

### PAIN MEDICINE

**HULLANDER ROBERT, M**

Group Affiliation: HULLANDER AND MOZINGO LP

Language(s)

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---

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

Provider Specialty / Provider Name

---

**PIRES DAVID, C**

Group Affiliation: **HULLANDER AND MOZINGO LP**

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

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 93308**

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**ROSHAN DANIEL,**

Group Affiliation: **HULLANDER AND MOZINGO LP**

Language(s) **SPANISH**

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 93308**

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---

**MONTERO WINSTON,**

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

Language(s) **SPANISH**

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**5771 N FRESNO ST STE 101, FRESNO CA 93710**

Phone:  
**833-478-1818**

Fax:  
**833-478-1817**

---

**PEDIATRICS**

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

Provider Specialty / Provider Name

---

**YOUNG MATT, N**

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

Language(s)

SPANISH

Office #

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420 34TH ST , BAKERSFIELD CA 93301

Phone:

661-633-2876

Fax:

661-327-0576

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**AMIN HASMUKH, C**

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

Language(s) SPANISH

HINDU

Office #

OFFICE 1

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9508 STOCKDALE HWY STE 150, BAKERSFIELD CA  
93311

Phone:

661-663-7500

Fax:

661-663-3063

---

**RUERAS MARIA CECILIA, M**

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

Language(s) SPANISH

TAGALOG

SPANISH

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93311

Phone:

661-663-7500

Fax:

661-663-3063

---

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

Provider Specialty / Provider Name

---

**BUSTAMANTE JAVIER,**

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

Language(s)

SPANISH

Office #

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Phone:

661-663-4700

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661-663-4740

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1215 34TH ST , BAKERSFIELD CA 93301

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**LAVADIA ELSA, T**

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

Language(s)

TAGALOG

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661-663-4700

### PHYSICAL MEDICINE AND REHABILITATION

**ANDERSON BRADFORD, A**

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

Language(s) SPANISH

SPANISH

Office #

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2203 19TH ST , BAKERSFIELD CA 93301

Phone:

661-616-5726

Fax:

661-873-4664

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

Provider Specialty / Provider Name

---

**MATSUO SAMUEL, I**

Group Affiliation: **VISALIA REHAB GROUP INC**

Language(s) **SPANISH**

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

---

**DIRKX BENJAMIN,**

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

Language(s) **SPANISH**

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OFFICE 1	2350 W WHITENDALE AVE , VISALIA CA 93277	833-478-1818	833-478-1817
OFFICE 1	3751 E SHIELDS AVE , FRESNO CA 93726	833-478-1818	

---

**NASR HANY, M**

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

Language(s) **SPANISH**

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OFFICE 1	201 E NOBLE AVE , VISALIA CA 93277	559-627-6500	559-627-6501
OFFICE 1	76 N D ST STE A, PORTERVILLE CA 93257	559-627-6500	
OFFICE 3	729 MEDICAL CENTER DR W STE 201, CLOVIS CA 93611	559-207-3473	559-207-3476

---

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

Provider Specialty / Provider Name

---

**MATSUO SAMUEL, I**

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

Language(s) **SPANISH**

Office # Street:

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**559-300-9777**

**559-750-4777**

---

### PHYSICAL THERAPY

**ZABALA KEITH, R**

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

Language(s)

Office # Street:

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**661-377-1700**

**661-616-9199**

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**OLIVEIRA CHADWICK, E**

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

Language(s)

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Fax:

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**559-438-8531**

**559-438-8307**

---

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

Provider Specialty / Provider Name

---

**PAIR ROBERT, D**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	20418 BRIAN WAY UNIT 5, TEHACHAPI CA 93561	661-822-5483	661-822-6331
OFFICE 1	2603 G ST , BAKERSFIELD CA 93301	661-634-9440	

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**THIND GURMANN,**

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

Language(s)

Office #	Street:	Phone:	Fax:
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---

**NEWTON REBECCA, M**

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Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
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---

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

Provider Specialty / Provider Name

---

**OBREGON OSCAR,**

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

Language(s)

Office #

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93301

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**TAYLOR DAVID,**

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

Language(s) **SPANISH**

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7033 N FRESNO ST STE 202, FRESNO CA 93720

559-438-4300

559-438-4339

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**TAKII BRUCE,**

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Language(s) **SPANISH**

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Street:

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337 S 10TH ST STE G, TAFT CA 93268

661-763-4194

661-763-5792

---



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

Provider Specialty / Provider Name

---

**DELLOTA CHRISTOPHER, A**

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

Language(s)

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Street:

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661-616-9199

---

**SANDERS CHRISTIAN, C**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2660 WHITSON ST , SELMA CA 93662

559-896-6565

559-896-5740

OFFICE 1

921 G ST , REEDLEY CA 93654

559-638-9200

OFFICE 3

2747 W BULLARD AVE STE 105, FRESNO CA 93711

559-261-1425

559-261-4573

---

**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

---

## Independent Medical Group - Tulare 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

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**ROGERS TAYLOR, D**

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

Language(s) **SPANISH**

Office #

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Phone:

Fax:

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7033 N FRESSO ST STE 202, FRESNO CA 93720

559-438-4300

55-438-4339

---

**WEBER MORGAN, E**

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

Language(s) **SPANISH, MEIN, S**

Office #

Street:

Phone:

Fax:

OFFICE 1

5533 W HILLSDALE AVE STE A, VISALIA CA 93291

559-733-2478

559-733-2470

OFFICE 1

331 N 11TH AVE , HANFORD CA 93230

559-582-1027

---

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

Provider Specialty / Provider Name

---

**EATON DAVID,**

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

Language(s)

Office #

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---

**MOHR CHRISTOPHER, J**

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

Language(s) **SPANISH**

Office #

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Fax:

OFFICE 1

921 G ST , REEDLEY CA 93654

559-638-9200

559-638-9208

---

**PROEN NICHOLAS, C**

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

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1700 E BULLARD AVE STE 102, FRESNO CA 93710

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559-438-8307

---

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

Provider Specialty / Provider Name

---

**BACCI ROBERT,**

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

Language(s) **SPANISH MEIN S**

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

---

**ERICKSON PETER,**

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

Language(s)

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

---

**ESKEW JARED,**

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

Language(s)

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OFFICE 1	13019 STOCKDALE HWY STE 500, BAKERSFIELD CA 93314	661-377-1700	661-616-9199

---

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

Provider Specialty / Provider Name

---

**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

---

**FARRIS RYAN,**

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

Language(s)

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Fax:

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93312

661-377-1700

661-616-9199

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**RAMOS DELIA,**

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Language(s)

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---

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

Provider Specialty / Provider Name

---

**TERRIO TIMOTHY, J**

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

Language(s)

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11206 OLIVE DR , BAKERSFIELD CA 93312

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661-616-9199

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**RIECKENBERG CHAD, B**

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

Language(s) SPANISH MEIN S

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Fax:

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559-733-2470

OFFICE 1

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---

**LATTA BRITTANY, A**

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Language(s)

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---

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

Provider Specialty / Provider Name

---

**BANKSTON JENNIFER,**

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

Language(s)

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**MOHR MINDI, L**

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**SUBURU ALISA, M**

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---

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WRIGHT MITCHELL, L**

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

Language(s)

Office #

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**LI WALTER CHUNG, K**

**Group Affiliation: LAI NA JUNG LI**

Language(s)

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CHINESE

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661-474-2600

661-474-2601

CANTONESE

---

**SHEFFIELD SAMUEL, B**

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

Language(s) SPANISH

Office #

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Phone:

Fax:

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93313

661-377-1700

661-616-9199

---



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

Provider Specialty / Provider Name

---

**LIU LIZA, O**

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

Language(s)

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Street:

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OFFICE 1

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93311

661-377-1700

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**VEISS ANDRIS, L**

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

Language(s)

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Phone:

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OFFICE 1

1430 HIGH ST , DELANO CA 93215

661-377-1700

661-616-9199

---

**NEWTON GREGORY, K**

Group Affiliation: **CHADAM ASSOCIATIES, A PHYSICAL THERAPY CORPORATION**

Language(s) **SPANISH**

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OFFICE 1

337 S 10TH ST STE G, TAFT CA 93268

661-763-4194

661-763-5792

---

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

Provider Specialty / Provider Name

---

**HARRIS CARYN, A**

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

Language(s)

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**GUERRERO YANELLI,**

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

Language(s)

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559-638-9200

559-638-9208

**HERRERA FRESCO, O**

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

Language(s)

TAGALOG

Office #

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Fax:

OFFICE 1

5337 TRUXTUN AVE , BAKERSFIELD CA 93309

661-324-0122

661-324-0830

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

Provider Specialty / Provider Name

---

**KIRSCHENMANN RYAN, T**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
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OFFICE 1	20418 BRIAN WAY UNIT 5, TEHACHAPI CA 93561	661-822-5483	

**VISTO MACARIO, JM**

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

Language(s)

Office #	Street:	Phone:	Fax:
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**KIRPALANI MAYA, M**

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

Language(s)

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

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

Provider Specialty / Provider Name

---

**STEWART PAULINE,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	4004 PANAMA LN STE 100, BAKERSFIELD CA 93313	661-377-1700	661-616-9199

**CAUDILLO PAUL, C**

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

Language(s) SPANISH

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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

**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

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

Provider Specialty / Provider Name

---

**VERHEUL ERIC, W**

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

Language(s)

Office #

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OFFICE 1

401 W LACEY BLVD , HANFORD CA 93230

559-582-2781

559-582-5985

---

**VERHEUL MARGARET,**

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

Language(s)

Office #

Street:

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559-582-2781

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**HARRIS GREGORY, W**

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

Language(s) **ARMENIAN, SPAN**

Office #

Street:

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OFFICE 1

1700 E BULLARD AVE STE 102, FRESNO CA 93710

559-438-8531

559-438-8307

---

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

Provider Specialty / Provider Name

---

**GENIS JOSHUA, T**

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 331 N 11TH AVE , HANFORD CA 93230**

**559-582-1027**

**559-582-8105**

---

**NASR SAMEH, M**

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

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

Office # Street:

Phone:

Fax:

**OFFICE 1 1524 W MINERAL KING AVE , VISALIA CA 93291**

**559-372-8414**

**559-372-8409**

---

**WATERHOUSE DAWN, L**

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

Language(s)

Office # Street:

Phone:

Fax:

**OFFICE 1 1800 WESTWIND DR STE 500, BAKERSFIELD CA  
93301**

**661-377-1700**

**661-616-9199**

---

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

Provider Specialty / Provider Name

---

**LEESCH MARTIN,**

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

Language(s)

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

---

**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

---

**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

---

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

Provider Specialty / Provider Name

---

**CRANE-SMITH RACHEL, K**

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

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

**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

**SIMUNOVIC BLASENKO,**

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

Language(s) <b>SPANISH</b>	Office #	Street:	Phone:	Fax:
	OFFICE 1	7033 N FRESNO ST STE 202, FRESNO CA 93720	559-438-4300	559-438-4339

---



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

Provider Specialty / Provider Name

---

**MCGUIRE LEIF, E**

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

Language(s) **ARMENIAN, SPAN**

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

**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

**MAROTTA MICHAEL, J**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	5337 TRUXTUN AVE , BAKERSFIELD CA 93309	661-324-0122	661-328-0654
OFFICE 1	2603 G ST , BAKERSFIELD CA 93301	661-634-9440	
OFFICE 3	2601 OSWELL ST STE 105, BAKERSFIELD CA 93306	661-871-5908	661-328-0654
OFFICE 4	20418 BRIAN WAY , TEHACHAPI CA 93561	661-822-5483	661-328-0654

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

Provider Specialty / Provider Name

---

**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

**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	

**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

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KIMBER BRENDON, R**

Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.

Language(s) SPANISH

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

---

**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

---

**GAITONDE SATISH, S**

Group Affiliation: PAIR & MAROTTA PHYSICAL THERAPY, INC.

Language(s)  
TAGALOG

Office #	Street:	Phone:	Fax:
OFFICE 1	2603 G ST , BAKERSFIELD CA 93301	661-634-9440	661-634-9506

---

**PLASTIC SURGERY**

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MAJIDIAN ALEXANDER, M**

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

Language(s)

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**EVANS BRIAN, N**

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**DEV VIPUL, R**

Group Affiliation: **CALIFORNIA INSTITUTE OF COSMETIC & RECONSTRUCTIVE SURGERY, A  
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Language(s)

SPANISH

GUJARATI

HINDI

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Office #

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93308

Phone:

661-327-2101

Fax:

661-327-2554

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

Provider Specialty / Provider Name

---

**BAUGHMAN ETHAN, J**

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

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

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Phone:  
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**GROSSMAN PETER, H**

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

Language(s)  
**SPANISH**

Office # Street:  
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Fax:  
**661-327-0576**

---

### PODIATRIC MEDICINE

**CHUANG SOHRABI CATHY, T**

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

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

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**OFFICE 1 1086 N CHERRY ST , TULARE CA 93274**

Phone:  
**559-624-1405**  
**661-832-1667**

Fax:  
**559-624-1746**

---

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

Provider Specialty / Provider Name

---

**CONLEY ALEXIS,**

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

Language(s)

Office #

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Fax:

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661-832-1667

661-832-7145

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**SHAH KATHAN, D**

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

Language(s) **SPANISH**

Office #

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Phone:

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**INDU**

OFFICE 1

101 N PALM ST , WOODLAKE CA 93286

559-564-1100

559-564-1101

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**HUBER KYLE,**

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

Language(s) **SPANISH**

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661-832-7145

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1086 N CHERRY ST , TULARE CA 93274

661-832-1667

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

Provider Specialty / Provider Name

---

**TEELA JAMES, E**

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

Language(s) **SPANISH**

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**VO TIMOTHY,**

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

Language(s)

**VIETNAMESE**

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**MAY TYLER, P**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	912 FREMONT ST , DELANO CA 93215	866-707-6664	661-772-5336

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

Provider Specialty / Provider Name

---

**KIM SOLOMON,**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH

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OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	440 W PUTNAM AVE , PORTERVILLE CA 93257	559-784-3110	
OFFICE 3	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	661-832-7145

---

**KOELEWYN KRISTOPHER, S**

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

Language(s) SPANISH

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

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**KOUHKAN MEHRNAZ,**

Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER

Language(s) SPANISH

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

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

Provider Specialty / Provider Name

---

**RAHMAN KAZI, S**

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

Language(s) **SPANISH**

**Office # Street:**

**Phone:**

**Fax:**

**OFFICE 1 820 S AKERS ST STE 220, VISALIA CA 93277**

**559-733-3346**

**559-733-5059**

---

**PASABOC LIVIU,**

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

Language(s)

**Office # Street:**

**Phone:**

**Fax:**

**SPANISH**

**OFFICE 1 448 W PUTNAM AVE , PORTERVILLE CA 93257**

**559-784-3118**

**559-784-7486**

**ROMANIAN**

**OFFICE 1 1519 GARCES HWY STE 107, DELANO CA 93215**

**661-725-1664**

**GERMAN**

**OFFICE 3 1086 N CHERRY ST , TULARE CA 93274**

**661-832-1667**

**661-832-7145**

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**KRALL VICTOR, G**

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

Language(s) **SPANISH, MANDA**

**Office # Street:**

**Phone:**

**Fax:**

**MANDARIN**

**OFFICE 1 380 N RESERVATION RD , PORTERVILLE CA 93257**

**559-784-2316**

**559-791-2533**

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

Provider Specialty / Provider Name

---

**MOTOS RICHARD, R**

Group Affiliation: SEQUOIA PODIATRY GROUP, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	308 S JOHNSON ST , VISALIA CA 93291	559-734-1171	559-734-6849

**FLORES MICHAEL, A**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	1519 GARCES HWY STE 107, DELANO CA 93215	661-725-1664	
OFFICE 3	8307 BRIMHALL RD STE 1704, BAKERSFIELD CA 93312	661-832-1667	661-832-7145
OFFICE 4	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	661-832-7145

**FLOREK DEREK, J**

Group Affiliation: OMNI FAMILY HEALTH

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	912 FREMONT ST , DELANO CA 93215	866-707-6664	661-237-6650
OFFICE 1	2101 7TH ST BLG A-F, WASCO CA 93280	866-707-6664	

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

Provider Specialty / Provider Name

---

**KIM PAUL,**

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	559-784-3110	
OFFICE 3	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	661-832-7145

---

**LIN TZU LU,**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

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

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

---

**FLORA KIM, D**

Group Affiliation: ALTURA CENTERS FOR HEALTH

Language(s) **SPANISH**

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

---

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

Provider Specialty / Provider Name

---

**SHAH KATHAN,**

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

Language(s) **SPANISH**

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

**MARMOLEJO RONALD, P**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	590 W PUTNAM AVE STE 2A, PORTERVILLE CA 93257	559-781-3700	559-339-1041
OFFICE 1	825 N SEQUOIA AVE , LINDSAY CA 92347	559-562-1960	
OFFICE 3	252 N HWY 65 , LINDSAY CA 93247		559-781-1230

**NELSON THOMAS, D**

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

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

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

**PSYCHIATRY**

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KALMAN LESLIE,**

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

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

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**KAUR JAGDEEP,**

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---

**MOHANKUMAR HONNUDIKE, T**

**Group Affiliation: OMNI FAMILY HEALTH**

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

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**866-707-6664**

Fax:  
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---

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

Provider Specialty / Provider Name

---

**BODAPATI NAGA, V**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	210 N CHESTER AVE , BAKERSFIELD CA 93307	866-707-6664	661-746-9197
HINDI	OFFICE 1	1451 WHITE LN , BAKERSFIELD CA 93307	866-707-6664	
PUNJABI	OFFICE 3	4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93309	866-707-6664	661-746-9197
TELUGU	OFFICE 4	1022 CALLOWAY DR , BAKERSFIELD CA 93312	866-707-6664	661-746-9197

---

**MEJIA BLANCA,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	1530 E MANNING AVE , REEDLEY CA 93654	866-707-6664	661-746-9197

---

**GUMUSANELI ERGI,**

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

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

---

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

Provider Specialty / Provider Name

---

**CRUZ HERBERT, A**

Group Affiliation: **OMNI FAMILY HEALTH**

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

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**HALL STEPHANIE,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

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Fax:  
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---

### PSYCHOLOGY

**TONG KATHERINE,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

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**866-707-6664**

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

Provider Specialty / Provider Name

---

**WAUGH DEANNA, A**

**Group Affiliation: REEDLEY COMMUNITY HOSPITAL**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	1025 N DOUTY ST , HANFORD CA 93230	559-537-0246	559-537-0247
	OFFICE 1	2141 HIGH ST #E, SELMA CA 93662	559-856-6110	
	OFFICE 3	2059 N HILLMAN ST , TULARE CA 93274	559-605-0090	559-605-0092

---

**BUCKNER CHRISTINA, M**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	210 N. CHESTER AV , BAKERSFIELD CA 93308	866-707-6664	661-746-9197

---

### PULMONARY DISEASE

**HANSA SAHAPHUN, N**

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

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

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

Provider Specialty / Provider Name

---

**VAGHASIA PRAMIL, B**

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

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

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

**LAUGHLIN ROBERT, L**

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

Language(s)

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

**SANDHU HARPREET, S**

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

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

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

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

Provider Specialty / Provider Name

---

**GOYAL RAJAN,**

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

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

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

---

**SANDHU HARPREET, S**

Group Affiliation: **HARPREET S. SANDHU**

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

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>200 N G ST , PORTERVILLE CA 93257</b>	<b>559-788-0818</b>	<b>559-788-0150</b>

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**RADIATION ONCOLOGY**

**BATTH SUKHJEET, S**

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

Language(s) **SPANISH**

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

---

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

Provider Specialty / Provider Name

---

**LY DAVID,**

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

Language(s)

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

**DESAI AJAY, S**

**Group Affiliation: KOMAL DESAI, M.D., INC.**

Language(s)

HINDI

Office #	Street:	Phone:	Fax:
OFFICE 1	4500 MORNING DR STE 105, BAKERSFIELD CA 93306	661-491-5060	661-871-3479

**MONSON JEDIDIAH, M**

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

Language(s) SPANISH

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

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

Provider Specialty / Provider Name

---

**CHANG-HALPENNY CHRISTINE, N**

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

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

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

Phone:  
559-326-1222

Fax:  
559-326-1225

---

**GORLA GIRIDHAR, G**

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

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

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

Phone:  
661-322-2206

Fax:  
661-322-7027

---

**ISHIHARA DAN,**

Group Affiliation: KOMAL DESAI, MD INC.

Language(s)

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

Phone:  
661-491-5060

Fax:  
844-742-2324

---

### REGISTERED DIETICIAN

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

Provider Specialty / Provider Name

---

**DAVILA-GOMEZ STEPHANIE,**

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

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

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

---

### RHEUMATOLOGY

**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

---

**WATROUS DANIEL, A**

Group Affiliation: **DANIEL A WATROUS**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	5315 W HILLSDALE AVE , VISALIA CA 93291	559-732-9900	559-732-9908
OFFICE 1	6327 N FRESNO ST STE 101, FRESNO CA 93710	559-732-9900	

---

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

Provider Specialty / Provider Name

---

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

Language(s)	Office #	Street:	Phone:	Fax:
HINDI	OFFICE 1	5319 W HILLSDALE AVE , VISALIA CA 93291	559-732-1648	559-732-0664
TELUGU				

---

### SLEEP MEDICINE

**SANDHU AHANA,** 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	661-516-2471	661-695-6767
PUNJABI				
HINDI	OFFICE 1	1205 GARCES HWY STE 203, DELANO CA 93215	661-395-6777	

---

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

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

---

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RASHID SAQIB,**

Group Affiliation: SAQIB RASHID, M.D.

Language(s)

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

**SMITH LONNIE, R**

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

Language(s) SPANISH  
SPANISH

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

---

## SOCIAL WORK

**RIVERA ANASTASIA,**

Group Affiliation: OMNI FAMILY HEALTH

Language(s) SPANISH

Office #	Street:	Phone:	Fax:
OFFICE 1	1701 STINE RD , BAKERSFIELD CA 93309	866-707-6664	661-746-9197

---

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

Provider Specialty / Provider Name

---

**AGUWA MARIAN,**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

833 SEQUOIA AVE , LINDSAY CA 93247

559-562-1361

559-789-9828

---

**BOWN RONALD, E**

**Group Affiliation: AVENAL COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**SPANISH**

OFFICE 1

329 W 8TH ST , HANFORD CA 93230

559-582-2500

559-582-0550

---

**HENDERSON BONNIE, J**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

4151 MEXICALI DR , BAKERSFIELD CA 93313

866-707-6664

661-746-9197

---



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

**Provider Specialty / Provider Name**

---

**GONZALEZ-MCKENZIE NANCY, Y**

**Group Affiliation: OMNI FAMILY HEALTH**

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

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

Phone:  
**866-707-6664**

Fax:  
**866-707-6664**

---

**ARIAS CHRISTINA,**

**Group Affiliation: ERICK MADRIGAL MD MBA INC**

Language(s)  
**SPANISH**

Office # Street:  
**OFFICE 1 4401 E. CECIL CT. , VISALIA CA 93292**  
**OFFICE 1 101 N. PALM ST , WOODLAKE CA 93286**

Phone:  
**559-562-1361**  
**559-564-1100**

Fax:  
**559-784-5430**

---

**LYONS DENISE, L**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:  
**OFFICE 1 2811 H STREET , BAKERSFIELD CA 93301**

Phone:  
**866-707-6664**

Fax:  
**661-746-9197**

---

**SPEECH/LANGUAGE/PATHOLOGY**

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

Provider Specialty / Provider Name

---

**OAKES DEBORAH, K**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2300 TRUXTUN AVE , BAKERSFIELD CA 93301

661-323-4591

661-323-8603

---

### SURGERY OF THE HAND

**LIU JONATHAN, C**

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

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

Office #

Street:

Phone:

Fax:

OFFICE 1

2300 W SUNNYSIDE AVE , VISALIA CA 93277

559-731-2009

559-623-9756

---

**LIVERMORE MERYL, S**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2300 W SUNNYSIDE AVE , VISALIA CA 93277

559-731-2009

866-833-7251

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

Provider Specialty / Provider Name

---

**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

---

**THORACIC SURGERY**

**KHWAJA SHAMSUDDIN,**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7575 N CEDAR AVE STE 101, FRESNO CA 93720

559-449-9990

559-449-9991

---

**PAMULA RAMESH, B**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1243 E SPRUCE AVE STE 104, FRESNO CA 93720

559-900-4395

559-900-4396

---

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

Provider Specialty / Provider Name

---

**MCLEAN MICHAEL, K**

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

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

Office # **Street:**  
**OFFICE 1 505 W MAIN ST , VISALIA CA 93291**

Phone:  
**559-627-8600**

Fax:  
**559-627-8607**

---

### UROGYNECOLOGY

**LEE JUSTIN, T**

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

Language(s)

Office # **Street:**  
**OFFICE 1 500 OLD RIVER RD STE 200, BAKERSFIELD CA 93311**

Phone:  
**661-663-6429**

Fax:  
**661-663-6041**

---

### UROLOGY

**SNYDER ORRENZO, B**

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

Language(s)

Office # **Street:**  
**OFFICE 1 263 N 3RD ST STE 126, PORTERVILLE CA 93257**

Phone:  
**559-772-4301**

Fax:  
**559-772-4302**

---

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

Provider Specialty / Provider Name

---

**DWIVEDI RAJENDRA, H**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>623 W PUTNAM AVE , PORTERVILLE CA 93257</b>	<b>559-781-2403</b>	<b>559-781-4334</b>

**RAHMAN NADEEM, U**

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

Language(s) **SPANISH**

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

**HAMDY ANAS, A**

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

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

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

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

Provider Specialty / Provider Name

---

**SNYDER ORRENZO,**

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**  
**DINÉ**

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

---

**CHI ANDREW, A**

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

Language(s) **SPANISH**

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

---

**HOROVITZ DAVID,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3941 SAN DIMAS ST STE 103A, BAKERSFIELD CA 93301	661-520-5010	661-520-5020

---

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

Provider Specialty / Provider Name

---

**RAINWATER HAROLD, G**

Group Affiliation: **VALLEY UROLOGY, INC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	6113 N FRESNO ST STE 101, FRESNO CA 93710	559-438-2777	559-438-4117

---

**YOUNGSTROM EDWIN, A**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	3838 SAN DIMAS ST STE B231, BAKERSFIELD CA 93301	661-665-0505	661-864-2190
OFFICE 1	3838 SAN DIMAS ST STE A200, BAKERSFIELD CA 93301	661-654-0200	

---

**MINOR THOMAS, X**

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

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**BHARDWAJ VIRINDER, K**

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

Language(s)

**PUNJABI  
HINDU**

Office #

**OFFICE 1**

Street:

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

Phone:

**559-789-9973**

Fax:

**559-789-0359**

---

### UROLOGY/FEMALE PELVIC MED AND RECONSTRUCTIVE SURGERY

**LEE JUSTIN, T**

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

Language(s)

**VIETNAMESE**

Office #

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Street:

**500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311**

Phone:

**661-663-6429**

Fax:

**661-663-6041**

---

### VASCULAR NEUROLOGY



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

Provider Specialty / Provider Name

---

**BUI HAO, D**

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

Language(s)

VIETNAMESE

Office #

OFFICE 1

Street:

4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312

OFFICE 1

4825 COFFEE RD , BAKERSFIELD CA 93308

Phone:

661-387-8333

661-387-8333

Fax:

661-241-4052

### VASCULAR SURGERY

**CAPOTE ALLAN, L**

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

Language(s)

VIETNAMESE

SPANISH

Office #

OFFICE 1

Street:

4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312

OFFICE 1

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Phone:

661-387-8333

661-387-8333

Fax:

661-241-4052

**CAMPBELL MATTHEW, P**

Group Affiliation: ALTURA CENTERS FOR HEALTH

Language(s) SPANISH

Office #

OFFICE 1

Street:

1101 N CHERRY ST , TULARE CA 93274

Phone:

559-686-9097

Fax:

559-366-7060

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HAMDY ABDULRAHMAN, A**

Group Affiliation: **BASS MEDICAL GROUP**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	820 S AKERS ST STE 120, VISALIA CA 93277	559-746-9605	559-625-6004
OFFICE 1	384 PEARSON DR , PORTERVILLE CA 93257	559-625-4118	
OFFICE 3	125 MALL DR STE 211B, HANFORD CA 93257	559-625-4118	559-625-6004
OFFICE 4	7045 N MAPLE AVE STE 107 & 108, FRESNO CA 93270	559-746-9605	559-558-8183

---

**NGUYEN ALEXANDER, H**

Group Affiliation: **BASS MEDICAL GROUP**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	820 S AKERS ST STE 120, VISALIA CA 93277	559-625-4118	559-625-6004
OFFICE 1	7045 N MAPLE AVE STE 107 & 108, FRESNO CA 93270	559-746-9605	

---

**ARAIM OMAR, A**

Group Affiliation: **BASS MEDICAL GROUP**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	820 S AKERS ST STE 120, VISALIA CA 93277	559-625-4118	559-558-8183
OFFICE 1	384 PEARSON DR , PORTERVILLE CA 93257	559-625-4118	
OFFICE 3	7045 N MAPLE AVE STE 107 & 108, FRESNO CA 93270	559-746-9605	559-558-8183
OFFICE 4	820 S AKERS ST STE 100, VISALIA CA 93277	559-625-4118	559-625-6004

---

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CAMPBELL MATTHEW, P**

**Group Affiliation: BASS MEDICAL GROUP**

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

Office #	Street:	Phone:	Fax:
OFFICE 1	820 S AKERS ST STE 120, VISALIA CA 93277	559-625-4118	559-625-6004
OFFICE 1	384 PEARSON DR , PORTERVILLE CA 93257	559-625-4118	
OFFICE 3	7045 N MAPLE AVE STE 107 & 108, FRESNO CA 93270	559-746-9605	559-558-8183
OFFICE 4	820 S AKERS ST STE 100, VISALIA CA 93277	559-625-4118	559-625-6004

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