

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

Provider Specialty / Provider Name

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### ALLERGY & IMMUNOLOGY

**BOREN ERIC, J**

Group Affiliation: KERN ALLERGY MEDICAL CLINIC INC

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	1921 18TH ST , BAKERSFIELD CA 93301	661-327-9693	661-327-0749
	OFFICE 1	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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**SIDHU RABINDER, S**

Group Affiliation: RABINDER S. SIDHU, MD INC

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

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**SINGH SUDEEP,**

Group Affiliation: SUDEEP SINGH MD, INC

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

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

Provider Specialty / Provider Name

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**HIYAMA LAUREN, S**

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

Language(s) **SPANISH**

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

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**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

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**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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**ANESTHESIOLOGY**

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

Provider Specialty / Provider Name

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**PALENCIA ARTURO, E**

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

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

Office # Street:

**OFFICE 1 9802 STOCKDALE HWY STE 105, BAKERSFIELD CA 93311**

Phone:

**661-665-7880**

Fax:

**661-665-7811**

---

### ANESTHESIOLOGY - PAIN MANAGEMENT

**PARMAR ASHOK, M**

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

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

Office # Street:

**OFFICE 1 2350 W WHITENDALE AVE , VISALIA CA 93277**

Phone:

**833-478-1818**

Fax:

**833-478-1817**

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**WASHINGTON DEIRDRE,**

**Group Affiliation: WASHINGTON & ASSOCIATES**

Language(s) **SPANISH**

Office # Street:

**OFFICE 1 5329 OFFICE CENTER CT STE 110, BAKERSFIELD CA 93309**

Phone:

**661-862-8582**

Fax:

**661-852-8582**

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

Provider Specialty / Provider Name

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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>

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**WILSON CHRISTOPHER, E**

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

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

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

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**AUDIOLOGY**

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

Provider Specialty / Provider Name

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**WARNER WENDY, P**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

8307 BRIMHALL RD STE 1706, BAKERSFIELD CA  
93312

661-414-0270

661-362-0228

---

**ANDERSEN DOUGLAS, E**

Group Affiliation: **DOUGLAS E. ANDERSEN**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1801 21ST ST , BAKERSFIELD CA 93301

661-324-2113

661-324-2891

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### CARD - CARDIOVASCULAR DISEASE

**SONI BIKRAM, J**

Group Affiliation: **CENTRAL CALIFORNIA CARDIOVASCULAR**

Language(s)

Office #

Street:

Phone:

Fax:

**HINDU**

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

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

Provider Specialty / Provider Name

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**LEE TOMMY, C**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

CANTONESE

Office #

OFFICE 1

Street:

3838 SAN DIMAS ST STE B201, BAKERSFIELD CA  
93301

Phone:

661-321-3161

Fax:

661-321-3166

---

**THAYAPRAN NALLATHAMBY,**

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

Language(s)

Office #

OFFICE 1

Street:

5945 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-232-4278

Fax:

661-631-5546

---

**GOWD PAMPANA,**

**Group Affiliation: CENTRIC HEALTH**

Language(s) SPANISH

Office #

OFFICE 1

Street:

2901 SILLECT AVE STE 100, BAKERSFIELD CA  
93308

Phone:

661-323-8384

Fax:

661-323-9326

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

Provider Specialty / Provider Name

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**BEHL ASHOK,**

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

Language(s)

HINDI  
PUNJABI

Office #

OFFICE 1

Street:

567 W PUTNAM AVE STE 1, PORTERVILLE CA  
93257

Phone:

559-781-0386

Fax:

559-781-8147

---

**KRUEGER MICHAEL, L**

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

Language(s) SPANISH, PUNJAB

Office #

OFFICE 1

Street:

7033 N FRESNO ST STE 301, FRESNO CA 93720

Phone:

559-438-8181

Fax:

559-438-8179

---

**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

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

Provider Specialty / Provider Name

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**THAYAPRAN NALLATHAMBY,**

**Group Affiliation: NALLATHAMBY THAYAPRAN, MD, INC**

Language(s)

TAMIL

Office #

OFFICE 1

Street:

350 N PORTER RD , PORTERVILLE CA 93257

Phone:

559-793-2677

Fax:

559-793-2650

---

**BHAJAL SUKHVINDER, S**

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

Language(s)

PUNJABI

SPANISH

Office #

OFFICE 1

Street:

5120 W CYPRESS AVE , VISALIA CA 93277

Phone:

559-635-4800

Fax:

559-635-4844

---

**DOCTOR NIRAJ, S**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) SPANISH

Office #

OFFICE 1

Street:

4131 MING AVE , BAKERSFIELD CA 93309

Phone:

866-707-6664

Fax:

661-746-9197

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

Provider Specialty / Provider Name

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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

**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

**MEHTA VIRAL, Y**

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

Language(s)

**HINDU  
GUJARATI**

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

## 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 # Street:

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

Phone:

**661-843-6464**

Fax:

**661-282-8417**

---

**BANERJEE SUPRATIM,**

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

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

Office # Street:

**OFFICE 1 432 LEXINGTON AVE STE B, DELANO CA 93215**

Phone:

**661-725-7818**

Fax:

**661-725-3484**

---

**GUPTA ANKUR, V**

Group Affiliation: **ANKUR GUPTA MEDICAL CORPORATION**

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

Office # Street:

**OFFICE 1 820 S AKERS ST STE 130, VISALIA CA 93277**

Phone:

**559-624-6520**

Fax:

**559-635-6192**

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# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**NAIR SHYAM, K**

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

Language(s) SPANISH CHINESE HEBREW SPANISH	Office # OFFICE 1	Street: 2007 17TH ST , BAKERSFIELD CA 93301	Phone: 661-633-1983	Fax: 661-633-1101
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**AZIZ KUSAI,**

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

Language(s) ARABIC	Office # OFFICE 1 OFFICE 1	Street: 101 E NOBLE AVE , VISALIA CA 93277 105 E NOBLE AVE , VISALIA CA 93277	Phone: 559-735-0500 559-735-0500	Fax: 559-735-0504
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## CARD - INTERVENTIONAL CARDIOLOGY

**REDDY H KIRAN, K**

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

Language(s) SPANISH HINDI TELUGU	Office # OFFICE 1	Street: 1114 W 6TH ST STE 102, HANFORD CA 93230	Phone: 559-587-9901	Fax: 559-582-9755
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## Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**DESAI CHIRAG, K**

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
OFFICE 1	4900 CALIFORNIA AVE , BAKERSFIELD CA 93309	866-707-6664	

**SHARMA SANJIV,**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

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

**THOMPSON CALEB, D**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

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

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**CHIROPRACTIC MEDICINE**

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

Provider Specialty / Provider Name

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**HONKA THOMAS, M**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**

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

**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	

**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

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**DERM - DERMATOLOGY**

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**HAMIDI REYHANEH,**

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

Language(s)

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

**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

Provider Specialty / Provider Name

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**TANG NIKKI, DY**

**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 93311	661-322-2700	
OFFICE 3	8605 CAMINO MEDIA STE 300, BAKERSFIELD CA 93311	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	

**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

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**CABRAL ERIK, S**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	276 S MILL ST STE B & C, TEHACHAPI CA 93561	661-947-9000	661-266-8751
SPANISH	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

---

**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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**DAVID CONSUELO, V**

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

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

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

Provider Specialty / Provider Name

---

**WONG DAVID, J**

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

**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

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

**Provider Specialty / Provider Name**

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**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

**TAHERI DANIEL, P**

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

Language(s)

**FARSI**

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

**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

## 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

**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

**BERK DAVID, R**

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

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**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

**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

**AMMAR NEAL, M**

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

Language(s)

**ARABIC  
SPANISH**

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

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

Provider Specialty / Provider Name

---

**FERNANDEZ GEOVER,**

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

Language(s)

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

**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

**FM - FAMILY MEDICINE**

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

Provider Specialty / Provider Name

---

**PHUI KHUONG, C**

**Group Affiliation: AVENAL COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

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

---

### GEN - MEDICAL BIOCHEMICAL GENETICS

**CURRY CYNTHIA,**

**Group Affiliation: CYNTHIA CURRY**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	215 N FRESNO ST , FRESNO CA 93701	559-459-2269	559-459-7179

---

### MED - ENDOCRINOLOGY DIABETES & METABOLISM

**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	

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

Provider Specialty / Provider Name

---

**KUMAR PAWAN,**

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

---

**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

---

**SIDHU SUKHAMPAL, S**

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

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

Office # Street:

Phone:

Fax:

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

559-228-6600

559-226-3709

---

# 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

---

**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

---

**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

---



## 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**

---

**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**

---

**MED - GASTROENTEROLOGY**

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

Provider Specialty / Provider Name

---

**BHOGAL RABINDER, S**

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

Language(s) HINDI SPANISH	Office # OFFICE 1	Street: 5959 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309	Phone: 661-324-1203	Fax: 661-324-3195
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**KALHA ISHAAN, S**

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

Language(s) SPANISH HINDU PUNJABI	Office # OFFICE 1  OFFICE 1	Street: 5959 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309  1519 GARCES HWY STE 3, DELANO CA 93215	Phone: 661-324-1203  661-324-1203	Fax: 661-324-3195
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**RAHIMI-NAINI SOHRAB,**

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

Language(s) FARSI	Office # OFFICE 1	Street: 440 W PUTNAM AVE , PORTERVILLE CA 93257	Phone: 559-854-7700	Fax: 559-854-7780
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## Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**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>

**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**

<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>

---

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

Provider Specialty / Provider Name

---

**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**

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

---

**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	1519 GARCES HWY STE 3, DELANO CA 93215	661-324-1203	661-716-1226

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## 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>

---

**MED - HEMATOLOGY**

**PATEL RAVI,**

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

Language(s)

<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>

---

**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>
<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

---

**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

**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

**HAGER STEVEN, J**

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

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**ESTRADA DEXTER, T**

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

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

**559-326-1222**

**559-326-1225**

---

**CARTMELL ALAN, D**

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

Language(s)

**SPANISH**

Office # Street:

Phone:

Fax:

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

**661-322-2206**

**661-633-3669**

---

**KANAMORI DAVID, E**

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

Language(s)

**SPANISH**

Office # Street:

Phone:

Fax:

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

**661-322-2206**

**661-633-3669**

---

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

Provider Specialty / Provider Name

---

**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

---

**NGUYEN VINH-LINH, B**

Group Affiliation: BLOOD AND CANCER THERAPEUTICS, A MEDICAL CORPORATION

Language(s) SPANISH, VIETNA

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

---

**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

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

Provider Specialty / Provider Name

---

**SHAMBAUGH SHAWN, C**

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

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

Office # Street:

Phone:

Fax:

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

**661-322-2206**

**661-633-3669**

---

**AULAKH AMARDEEP, S**

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**HINDU**

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

**559-326-1222**

**559-326-1225**

**PUNJABI**

---

### MED - HIV/AIDS MEDICINE

**FELIZARTA FRANCO, A**

Group Affiliation: **FRANCO ANTONIO BALAMBAN FELIZARTA**

Language(s)

Office # Street:

Phone:

Fax:

**TAGALOG**

**OFFICE 1 3535 SAN DIMAS ST STE 24, BAKERSFIELD CA 93301**

**661-324-3128**

**661-324-1129**

---

### MED - HOSPICE/PALLIATIVE CARE

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

Provider Specialty / Provider Name

---

**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>
OFFICE 1	6501 TRUXTUN AVE , BAKERSFIELD CA 93309	661-322-2206	661-327-7027

---

**MED - INFECTIOUS DISEASE**

**HEIDARI-FOROUSHANI ARASH,**

**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 A100, BAKERSFIELD CA 93301	661-327-8538	661-327-5432

---

**FELIZARTA FRANCO, A**

**Group Affiliation: FRANCO ANTONIO BALAMBAN FELIZARTA**

Language(s)  
**TAGALOG**

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

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

Provider Specialty / Provider Name

---

**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

---

**KITT SEE-RUERN, S**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**THAI**

OFFICE 1

2323 16TH ST STE 108, BAKERSFIELD CA 93301

661-325-2448

661-325-7425

---

**SENINING RANDOLPH, C**

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

Language(s)

Office #

Street:

Phone:

Fax:

**FILIPINO**

OFFICE 1

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

661-322-2206

661-633-3669

---

**MED - INTERNAL MEDICINE**

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

Provider Specialty / Provider Name

---

**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	

---

### MED - MEDICAL ONCOLOGY

**PARVEEZ RABIA,**

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

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

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

---

**KUO SAMUEL, S**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

---

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

Provider Specialty / Provider Name

---

**KUO SAMUEL, S**

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

Language(s)

CHINESE

Office #

OFFICE 1

Street:

1088 N CHERRY ST , TULARE CA 93274

Phone:

559-688-8899

Fax:

559-688-8889

---

**IBRAHIM DINA,**

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

Language(s) **SPANISH**

**ARABIC**

Office #

OFFICE 1

Street:

7130 N MILLBROOK AVE , FRESNO CA 93720

Phone:

559-326-1222

Fax:

559-326-1225

---

**PASCUZZO JOSEPH, M**

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

---

**GUPTA SACHIN,**

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

Language(s) **SPANISH**

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

---

**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

---

### MED - NEPHROLOGY

**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

---

**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

---

**SAXENA NISHKARSH,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s) SPANISH  
HINDU

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

---

**SANCHEZ RIVERA NEYSHA, J**

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
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

---

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SAXENA NISHKARSH,**

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

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

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

**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

**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

---

**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	

---

**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

---

**VEMURI NIRUPAMA,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH TELUGU	OFFICE 1	557 W MORTON AVE STE A, PORTERVILLE CA 93257	559-784-4925	559-784-4966

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

Provider Specialty / Provider Name

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**DORSAINVIL DOMINIQUE,**

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
FRENCH	OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	
HAITIAN	OFFICE 3	900 N DOUTY ST STE B, HANFORD CA 93230	559-228-6600	559-226-3709
CREOLE				

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**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

---

**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

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

Provider Specialty / Provider Name

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**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

---

**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

---

**SOURIAL MARYANNE,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

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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

**ALI SLAMAT,**

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

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

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

**SURI ANURADHA,**

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

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

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

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

Provider Specialty / Provider Name

---

**SAXENA NISHKARSH,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

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

**SU STEVE, W**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s)  
**CHINESE**

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

**CHAPAGAIN BIKASH,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

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

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

Provider Specialty / Provider Name

**SINGH JASJIT,**

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

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

**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

**DUMLAO MELODY, G**

**Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP**

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

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

Provider Specialty / Provider Name

---

**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

---

**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

---

**BARSOUM Y WILLIAM,**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	617 N AKERS ST , VISALIA CA 93291	559-697-6290	559-697-6291
ARABIC				

---

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

Provider Specialty / Provider Name

---

**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				

---

**RAM PANKAJ, P**

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

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

---

**THOMAS MOHSEN,**

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

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

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

Provider Specialty / Provider Name

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**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

---

**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

---

**MUBIN TARIQ,**

**Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	1980 CECIL AVE , DELANO CA 93215	661-323-2847	661-324-2328
PUNJABI				
HINDU				

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

Provider Specialty / Provider Name

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**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

---

**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

---

**DHINGRA HEMANT,**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

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

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

Provider Specialty / Provider Name

---

**MARTINEZ GREGORY, S**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s) SPANISH, HMONG  
SPANISH

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

---

**DHINDSA HARPREET, S**

Group Affiliation: THE NEPHROLOGY GROUP, INC.

Language(s)

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

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### MED - PULMONARY DISEASE

**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	

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

Provider Specialty / Provider Name

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**GOYAL RAJAN,**

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

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

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

**LAUGHLIN ROBERT, L**

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

Language(s)

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

**SANDHU HARPREET, S**

Group Affiliation: **HARPREET S. SANDHU**

Language(s)

**HINDU**  
**PUNJABI**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>200 N G ST , PORTERVILLE CA 93257</b>	<b>559-788-0818</b>	<b>559-788-0150</b>

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

Provider Specialty / Provider Name

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**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

**SANDHU HARPREET, S**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

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

---

### MED - RHEUMATOLOGY

**NARAMALA SRIKANTH,**

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

Language(s)	Office #	Street:	Phone:	Fax:
HINDI TELUGU	OFFICE 1	5319 W HILLSDALE AVE , VISALIA CA 93291	559-732-1648	559-732-0664

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

Provider Specialty / Provider Name

---

**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

**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

### MED - SLEEP MEDICINE

**NAVAB PEDRAM,**

Group Affiliation: **BETTER NIGHTS SLEEP CENTER, INC.**

Language(s)

**FARSI**

**SPANISH**

**GERMAN**

Office #

Street:

Phone:

Fax:

OFFICE 1

6067 N FRESNO ST , FRESNO CA 93710

661-588-5010

661-588-5012

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

Provider Specialty / Provider Name

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**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	

---

**SANDHU AHANA,**

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

Language(s) SPANISH  
PUNJABI  
HINDI

Office #	Street:	Phone:	Fax:
OFFICE 1	8305 BRIMHALL RD STE 1601, BAKERSFIELD CA 93312	661-516-2471	661-695-6767
OFFICE 1	1205 GARCES HWY STE 203, DELANO CA 93215	661-395-6777	

---

**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

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

Provider Specialty / Provider Name

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**RASHID KHADIJA, S**

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

Language(s)

Office # Street:

Phone:

Fax:

OFFICE 1 4042 S DEMAREE ST , VISALIA CA 93277

559-754-2967

559-754-2970

OFFICE 1 255 W HERNDON AVE STE 102, CLOVIS CA 93612

559-325-8437

---

### NATUROPATHY

**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

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### NEURO - NEUROLOGICAL SURGERY

**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



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

Provider Specialty / Provider Name

---

**ROSENTHAL PHILIP ,**

**Group Affiliation: PHILIP ROSENTHAL MD PC**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2323 16TH ST STE 407, BAKERSFIELD CA 93301</b>	<b>661-741-0924</b>	<b>661-741-0930</b>

---

**RAHIMIFAR MAJID,**

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

Language(s) **SPANISH**

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

---

**LERAMO OLUSEGUN, B**

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

Language(s) **SPANISH**

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

---

**NEURO - NEUROLOGY**

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

Provider Specialty / Provider Name

---

**SABETIAN KATAYOUN,**

**Group Affiliation: KATAYOUN SABETIAN MD INC**

Language(s)

**SPANISH**

Office #

**OFFICE 1**

Street:

**2323 16TH ST STE 206, BAKERSFIELD cA 93301**

Phone:

**661-322-4601**

Fax:

**661-322-6049**

---

**THOMAS KIRON,**

**Group Affiliation: UNITED NEUROSCIENCE, INC**

Language(s)

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**

---

**LIN JIAN, C**

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

Language(s)

**CANTONESE**

Office #

**OFFICE 1**

Street:

**2701 F ST , BAKERSFIELD CA 93301**

Phone:

**661-322-3008**

Fax:

**661-479-8250**

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

Provider Specialty / Provider Name

---

**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

**THIAGARAJAN RAMU,**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

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

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

**DANDAMUDI VENKATA,**

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)  
**HINDU**

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

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

Provider Specialty / Provider Name

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**CHAHIL BOOTA, S**

Group Affiliation: **BOOTA S CHAHIL**

Language(s)

**PUNJABI**

Office #

Street:

Phone:

Fax:

**OFFICE 1**

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

**559-625-0202**

**661-206-4081**

**OFFICE 1**

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

**559-625-0202**

**OFFICE 3**

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

**559-625-0202**

**661-206-4081**

---

**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**

---

**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

---

**SAREMI KAVEH,**

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

Language(s) **SPANISH**

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

---

**JANAKIRAMAN VENKATESH,**

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

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

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

---

**THIAGARAJAN RAMU,**

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

Language(s) **TAMIL**

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

---

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

**Provider Specialty / Provider Name**

---

**CHAHIL BOOTA, S**

**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

**WANG YAWEN,**

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

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

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

---

**NEURO - NEUROLOGY/PEDIATRIC**

**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>
OFFICE 1	5701 YOUNG STREET BLDG C-203, BAKERSFIELD CA 93311	661-885-7008	888-977-3751

---

**NEURO - 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**

**OFFICE 1**

Street:

**4901 CENTENNIAL PLAZA WAY , BAKERSFIELD CA 93312**

**4825 COFFEE RD , BAKERSFIELD CA 93308**

Phone:

**661-387-8333**

**661-387-8333**

Fax:

**661-241-4052**

---

### OB - GYNECOLOGIC ONCOLOGY

**MANRRIQUEZ ERICA, N**

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

Language(s)

**SPANISH**

Office #

**OFFICE 1**

Street:

**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

---

**TAMMELA JONATHAN, E**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-663-6429

661-663-6041

---

### OB - GYNECOLOGY

**NGUYEN JOHN, T**

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

Language(s) SPANISH

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

590 W PUTNAM AVE , PORTERVILLE CA 93257

559-781-3700

559-339-1041

---

### OB - MATERNAL AND FETAL MEDICINE

**HELM DOUGLAS, A**

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

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

2273 E BEECHWOOD AVE , FRESNO CA 93720

559-268-8307

559-268-0650

OFFICE 1

2210 E ILLINOIS AVE STE 308, FRESNO CA 93701

559-268-8307

---



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

Provider Specialty / Provider Name

---

### OB - OBSTETRICS & GYNECOLOGY

**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

---

**RIVERA MARTHA, M**

Group Affiliation: ALTURA CENTERS FOR HEALTH

Language(s) SPANISH

Office #

OFFICE 1

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1203 N CHERRY ST , TULARE CA 93274

Phone:

559-686-9097

Fax:

559-366-7060

---

**SARRIA IVAN,**

Group Affiliation: ALTURA CENTERS FOR HEALTH

Language(s) SPANISH

Office #

OFFICE 1

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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

---

**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

---

**BETRE ABRAHAM, M**

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

---

**BETRE ABRAHAM,**

Group Affiliation: **PIXLEY MEDICAL CLINIC**

Language(s) **SPANISH**

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

---

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

Provider Specialty / Provider Name

---

**GUPTA PARUL,**

**Group Affiliation: AVENAL COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	858 N CHERRY ST STE F, TULARE CA 93274	559-686-0412	559-686-2229

**LICHTENSTEIN RON,**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	2210 E ILLINOIS AVE STE 406, FRESNO CA 93701	559-486-8888	559-486-8886
OFFICE 1	3812 N 1ST ST , FRESNO CA 93726	559-495-3120	
OFFICE 3	1530 SHAW AVE , CLOVIS CA 93611	559-323-9133	559-323-8070
OFFICE 4	2405 TULARE ST , FRESNO CA 93721	559-558-4949	559-241-6510

**SALJOUGHY TOGROL,**

**Group Affiliation: TOGROL SALJOUGHY**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	115 E HONOLULU ST , LINDSAY CA 93247	559-562-2278	559-562-3666

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

Provider Specialty / Provider Name

---

**BORBERG FRANCESCHI CHRISTIAN, J**

**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

---

**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

---

**BETRE ABRAHAM,**

**Group Affiliation: ABRAHAM BETRE DO**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**RUSSIAN**

OFFICE 1

925 E MERRITT AVE , TULARE CA 93274

559-688-6400

559-688-6500

---

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

Provider Specialty / Provider Name

---

**BETRE ABRAHAM,**

**Group Affiliation: TIPTON MEDICAL CLINIC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	565 N THOMPSON RD , TIPTON CA 93272	559-752-4147	559-752-4150

**BANKS SHIMEKA, L**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

**DENNIS-JOHNSON DEBBIE, A**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

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

---

**MANGAT CHARNPAL, S**

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

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

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

---

**LOPEZ JUAN, M**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s)

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

---

**MAYER JONATHAN, J**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**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

---

**RATL MRAD YASSER, S**

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) SPANISH  
ARABIC

Office #

Street:

Phone:

Fax:

OFFICE 1 1022 CALLOWAY DR , BAKERSFIELD CA 93312

866-707-6664

661-746-9197

OFFICE 1 210 N CHESTER AVE , BAKERSFIELD CA 93308

866-707-6664

---

**DENNIS-JOHNSON DEBBIE, A**

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

Language(s) SPANISH  
SPANISH  
FRENCH  
HINDI

Office #

Street:

Phone:

Fax:

OFFICE 1 1500 6TH AVE , DELANO CA 93215

661-725-1010

661-725-6940

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

Provider Specialty / Provider Name

---

**SINGLETON CHRYSAL, JL**

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

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

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

**LEE FENGLALY, C**

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

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

Office #	Street:	Phone:	Fax:
<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>

**SRINIVAS VASANTHI,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

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



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

Provider Specialty / Provider Name

---

**PANG KIN,**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

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

**Group Affiliation: OMNI FAMILY HEALTH**

Language(s) <b>SPANISH</b>	Office # <b>OFFICE 1</b> <b>OFFICE 1</b> <b>OFFICE 3</b>	Street: <b>320 JAMES ST , SHAFTER CA 93263</b> <b>1022 CALLOWAY DR , BAKERSFIELD CA 93312</b> <b>4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93309</b>	Phone: <b>866-707-6664</b> <b>886-707-6664</b> <b>866-707-6664</b>	Fax: <b>661-746-9197</b>  <b>661-746-9197</b>
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**LIU CORINNA, YH**

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

Language(s) <b>SPANISH</b>	Office # <b>OFFICE 1</b> <b>OFFICE 1</b> <b>OFFICE 3</b> <b>OFFICE 4</b>	Street: <b>2210 E ILLINOIS AVE STE 201, FRESNO CA 93701</b> <b>1530 SHAW AVE , CLOVIS CA 93611</b> <b>2550 MERCED ST , FRESNO CA 93721</b> <b>3812 N 1ST ST , FRESNO CA 93726</b>	Phone: <b>559-495-3120</b> <b>559-495-3120</b> <b>559-443-0170</b> <b>559-495-3120</b>	Fax: <b>559-443-0171</b>  <b>559-443-0171</b> <b>559-495-3134</b>
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## Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

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

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

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

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

**HALL LYNOUS, W** Group Affiliation: CLINICA SIERRA VISTA

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

---

**VICENTE RODOLFO, E**

Group Affiliation: **ALTURA CENTERS FOR HEALTH**

Language(s) **SPANISH**

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

**SHARMA RAHUL,**

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

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

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

**SALAS JOSE, R**

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

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

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

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

Provider Specialty / Provider Name

---

**PEREZ LEONARD,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

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

**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	

**ALLEN EDWARD, C**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**RESENDIZ RIOS FAUSTINO, R**

**Group Affiliation: ALTURA CENTERS FOR HEALTH**

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

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

Phone:  
**559-686-9097**

Fax:  
**559-366-7060**

---

**BALDONADO JESUS, P**

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

Language(s) **SPANISH**

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

Phone:  
**661-725-1010**

Fax:  
**661-725-1117**

---

### **OB - 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**

---

### **OPTOMETRY**

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

Provider Specialty / Provider Name

---

**SUORSA TIMOTHY, P**

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

Language(s)

**SPANISH**

Office #

**OFFICE 1**

Street:

**524 W PUTNAM AVE , PORTERVILLE CA 93257**

Phone:

**559-784-5127**

Fax:

**559-784-4288**

---

**REBER DOUGLAS, C**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

**SPANISH**

Office #

**OFFICE 1**

Street:

**525 ROBERTS LN , BAKERSFIELD CA 93308**

Phone:

**866-707-6664**

Fax:

**661-746-9197**

**OFFICE 1**

**2101 7TH ST STE B, WASCO CA 93280**

**866-707-6664**

**OFFICE 3**

**4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313**

**866-707-6664**

**661-746-9197**

---

### ORTHO - ORTHOPAEDIC SURGERY

**CRINER SETH, H**

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

Language(s)

Office #

**OFFICE 1**

Street:

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

Phone:

**559-733-3346**

Fax:

**559-733-5059**

---

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

Provider Specialty / Provider Name

---

**WAHBA GEORGE, M**

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

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

Office #	Street:	Phone:	Fax:
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**DANIELS MATHIAS, W**

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

Language(s)

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**KIM JUN,**

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

Language(s)

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## 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**

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OFFICE 1 432 LEXINGTON AVE STE C, DELANO CA 93215

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559-782-5177

661-725-0713

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559-782-5176

**LESTER DON, K**

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

Language(s) **SPANISH  
SPANISH**

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**DUNCAN IAN, C**

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

Language(s)

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# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DUNCAN IAN, C**

**Group Affiliation: SEQUOIA MULTISPECIALTY MEDICAL GROUP**

Language(s)

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4050 S DEMAREE ST , VISALIA CA 93277

559-302-8169

559-345-9667

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**WAHBA GEORGE, M**

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

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

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93311

661-664-2300

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**COPPOLA ALFRED, J**

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

Language(s) **SPANISH**

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93311

661-664-2300

661-663-6259

---

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

Provider Specialty / Provider Name

---

**COPPOLA ALFRED, J**

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

Language(s) **SPANISH**

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**UNAL BERKAY,**

Group Affiliation: **BERKAY UNAL MD PC**

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

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93311**

**661-664-2300**

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**SRIVASTAVA PRAMOD, K**

Group Affiliation: **VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**

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OFFICE 1

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**559-781-3700**

**559-781-4131**

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

Provider Specialty / Provider Name

---

**SRIVASTAVA KARAN,**

Group Affiliation: **KARAN SRIVASTAVA**

Language(s) **SPANISH, TAGALO**  
**SPANISH**  
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OFFICE 1	5300 LENNOX AVE STE 104, BAKERSFIELD CA 93309	661-544-3352	
OFFICE 3	432 LEXINGTON ST STE C, DELANO CA 93215	661-544-3352	661-544-3432
OFFICE 4	110 N D ST , PORTERVILLE CA 93257	661-544-3352	661-725-5030

---

**LE BRUCE, N**

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

Language(s)

Office #	Street:	Phone:	Fax:
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**TAN TIMOTHY, L**

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

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

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---

**OTO - 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)

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**DUARTE VICTOR, M**

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**SMITH LONNIE, R**

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Language(s) SPANISH

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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

---

**SINGH JAGDEV,**

Group Affiliation: **JAGDEV SINGH**

Language(s)

**PUNJABI  
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**VADAPALLI SATISH, R**

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**PED - CARDIOLOGY**

**BANKS AARON, E**

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

Language(s)

**SPANISH**

Office #

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

Provider Specialty / Provider Name

---

**COLL ANA, C**

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### PED - ENDOCRINOLOGY

**CHING JOHN,**

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### PED - GASTROENTEROLOGY

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Language(s)

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**559-459-6410**

---

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

Provider Specialty / Provider Name

---

### PED - PEDIATRICS

**YOUNG MATT, N**

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SPANISH

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Language(s) SPANISH

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**RUERAS MARIA CECILIA, M**

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Language(s) SPANISH

TAGALOG

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

Provider Specialty / Provider Name

---

**LAVADIA ELSA, T**

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Language(s)

**TAGALOG**

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**PHYS MED - PAIN MEDICINE**



## 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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**MONTERO WINSTON,**

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**ROSHAN DANIEL,**

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

Provider Specialty / Provider Name

---

**MOZINGO RALPH, D**

Group Affiliation: **HULLANDER AND MOZINGO LP**

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**HULLANDER ROBERT, M**

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### PHYS MED - PHYSICAL MEDICINE AND REHABILITATION

**ANDERSON BRADFORD, A**

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

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

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661-616-5726

661-873-4664

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

Provider Specialty / Provider Name

---

**MATSUO SAMUEL, I**

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

Language(s) **SPANISH**

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**NASR HANY, M**

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

Language(s) **SPANISH**

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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

**DIRKX BENJAMIN,**

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

Language(s) **SPANISH**

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OFFICE 1	3751 E SHIELDS AVE , FRESNO CA 93726	833-478-1818	

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

Provider Specialty / Provider Name

---

**MATSUO SAMUEL, I**

Group Affiliation: **VISALIA REHAB GROUP INC**

Language(s) **SPANISH**

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### PODIATRIC MEDICINE

**KIM PAUL,**

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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

**KIM SOLOMON,**

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

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

---

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

Provider Specialty / Provider Name

---

**KOELEWYN KRISTOPHER, S**

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

Language(s) **SPANISH**

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**KOUHKAN MEHRNAZ,**

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**KRALL VICTOR, G**

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

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---

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

Provider Specialty / Provider Name

---

**HUBER KYLE,**

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

Language(s) **SPANISH**

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**LIN TZU LU,**

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

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**CHUANG SOHRABI CATHY, T**

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

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

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OFFICE 1	4946 W MINERAL KING AVE , VISALIA CA 93291	559-624-1405	559-624-1746
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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

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**PASABOC LIVIU,**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s)

SPANISH

ROMANIAN

GERMAN

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OFFICE 1	1519 GARCES HWY STE 107, DELANO CA 93215	661-725-1664	
OFFICE 3	1086 N CHERRY ST , TULARE CA 93274	661-832-1667	661-832-7145

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**RAHMAN KAZI, S**

Group Affiliation: ORTHOPAEDIC ASSOCIATES MEDICAL CLINIC, INC.

Language(s) SPANISH

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

Provider Specialty / Provider Name

---

**MARMOLEJO RONALD, P**

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---

**SHAH KATHAN, D**

**Group Affiliation: CENTRAL VALLEY FOOT AND ANKLE, INC.**

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**SHAH KATHAN,**

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

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

Provider Specialty / Provider Name

**FLORES MICHAEL, A**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) SPANISH

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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

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OFFICE 1	2101 7TH ST BLG A-F, WASCO CA 93280	866-707-6664	

**FLORA KIM, D**

Group Affiliation: ALTURA CENTERS FOR HEALTH

Language(s) SPANISH

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# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MAY TYLER, P**

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**NELSON THOMAS, D**

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**SHAH KATHAN, D**

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

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---

**PSY - PSYCHIATRY**

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CRUZ HERBERT, A**

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**PUNJABI**  
**TELGU & URDU**

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OFFICE 1	1451 WHITE LN , BAKERSFIELD CA 93307	866-707-6664	
OFFICE 3	4900 CALIFORNIA AVE STE 100B, BAKERSFIELD CA 93309	866-707-6664	661-746-9197
OFFICE 4	1022 CALLOWAY DR , BAKERSFIELD CA 93312	866-707-6664	661-746-9197

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

Provider Specialty / Provider Name

---

**GUMUSANELI ERGI,**

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Language(s)

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**HINDI**

OFFICE 1

1022 CALLOWAY DR , BAKERSFIELD CA 93312

866-707-6664

661-746-9197

**KANNADA**

---

### PSYCH - PSYCHOLOGY

**RAGER VINCENT,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1022 CALLOWAY DR , BAKERSFIELD CA 93312

866-707-6664

661-746-9197

---

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

Provider Specialty / Provider Name

---

**MACHADO FREDERICK,**

Group Affiliation: **OMNI FAMILY HEALTH**

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

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

Phone:  
**866-707-6664**

Fax:  
**661-746-9197**

---

**FROST-MORGAN SARAH, E**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

Office # Street:  
**OFFICE 1 4600 PANAMA LN STE 102B, BAKERSFIELD CA 93313**

Phone:  
**866-707-6664**

Fax:  
**661-746-9197**

---

**TONG KATHERINE,**

Group Affiliation: **OMNI FAMILY HEALTH**

Language(s) **SPANISH**

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

Phone:  
**866-707-6664**

**866-707-6664**

Fax:  
**661-746-9197**

---

**RAD - DIAGNOSTIC RADIOLOGY**

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

Provider Specialty / Provider Name

---

**JAIN KIREN, S**

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

Language(s) **SPANISH, CHINESE**

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

**ALAGAPPAN RAVI,**

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

Language(s) **SPANISH, CHINESE**

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

**MCCULLY JR FRANCIS, R**

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

Language(s) **SPANISH**

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

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

Provider Specialty / Provider Name

---

**AGUET JAIME, C**

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

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

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

---

**MANSFIELD WILLIAM, P**

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

Language(s) **SPANISH, ARABIC**

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

---

**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	

---

## 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

---

**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 NANJI,**

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

Language(s)

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

---



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

Provider Specialty / Provider Name

**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	

**HWA LINDA,**

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

Language(s)

**SPANISH**

**MANDARIN**

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

**VALLES FRANCISCO, E**

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

Language(s)

**SPANISH**

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

## 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

---

**TALLY 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

---

**MORAN ANGEL,**

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

Language(s) **SPANISH**

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

---

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

Provider Specialty / Provider Name

---

**HIGHTOWER DANIEL, J**

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

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

**ROPER GLADE, E**

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

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

**LE THU, T**

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

Language(s) <b>SPANISH</b> <b>VIETNAMESE</b>	Office # OFFICE 1 OFFICE 1 OFFICE 3	Street: 1700 S COURT ST STE A, VISALIA CA 93277 119 S LOCUST ST STE B, VISALIA CA 93291 1700 S COURT ST STE C, VISALIA CA 93277	Phone: 559-734-5674 559-734-5674 559-734-5674	Fax: 559-734-6932  559-734-6932
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## Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**KAVALI ASHA, K**

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

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

---

**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

---

**BOUIT TROY, K**

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

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

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# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HA TUAN, X**

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

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

---

**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

---

**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	

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

Provider Specialty / Provider Name

---

**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	

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### RAD - INTERVENTIONAL/DIAGNOSTIC RADIOLOGY

**MOSHFEGH AMIEL, P**

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

Language(s)

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

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### RAD - RADIATION ONCOLOGY

**CHANG-HALPENNY CHRISTINE, N**

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

Language(s) **SPANISH  
CHINESE**

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

---

**GORLA GIRIDHAR, G**

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

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

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

---

**MONSON JEDIDIAH, 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>

---

**BATTH SUKHJEET, S**

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

---

**DESAI AJAY, S**

Group Affiliation: **KOMAL DESAI, M.D., INC.**

Language(s)

HINDI

Office #

OFFICE 1

Street:

4500 MORNING DR STE 105, BAKERSFIELD CA  
93306

Phone:

661-491-5060

Fax:

661-871-3479

---

**LY DAVID,**

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

Language(s)

Office #

OFFICE 1

Street:

4945 W CYPRESS AVE STE A, VISALIA CA 93277  
OFFICE 1 1443 W 7TH ST , HANFORD CA 93230

Phone:

559-624-3100  
559-585-7115

Fax:

559-635-4043

---

**CHANG TANGEL,**

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

Language(s) SPANISH

TAIWANESE

Office #

OFFICE 1

Street:

4945 W CYPRESS AVE STE A, VISALIA CA 93277  
OFFICE 1 1443 W 7TH ST , HANFORD CA 93230

Phone:

559-624-3100  
559-585-7115

Fax:

559-635-4043

---

### SURG - BARIATRIC SURGERY



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

Provider Specialty / Provider Name

---

**IRANI HORMUZ,**

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

Language(s) **SPANISH**

Office # **Street:**

**Phone:**

**Fax:**

**HINDU**

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

**661-638-0601**

**661-638-0605**

**SPANISH**

**93312**

**GUJARATI**

---

**JUAREZ CARLOS, M**

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

Language(s)

Office # **Street:**

**Phone:**

**Fax:**

**SPANISH**

**OFFICE 1 1381 E HERNDON AVE STE 104, FRESNO CA 93720**

**559-432-3434**

**559-432-3585**

---

### **SURG - CARDIOVASCULAR/THORACIC SURGERY**

**PAW PATRICK, T**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

Office # **Street:**

**Phone:**

**Fax:**

**THAI**

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

**661-327-8538**

**661-327-5432**

**CHINESE**

**93301**

---

# Independent Medical Group - Tulare Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**PECK ERIC, A**

**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 A100, BAKERSFIELD CA 93301</b>	<b>661-327-8538</b>	<b>661-327-5432</b>

**ARAIM LEHEB, H**

**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>

## 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>

---

**LIN JOHN, C**

**Group Affiliation: CENTRAL CALIFORNIA CHEST 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>559-935-5491</b>	<b>559-935-5719</b>

---

**SURG - COLON/RECTAL SURGERY**

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

Provider Specialty / Provider Name

---

**MALELLARI LORENC,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE B231, BAKERSFIELD CA  
93301

661-665-0505

661-864-2190

---

### SURG - COMPLEX GENERAL SURGICAL ONCOLOGY

**FOULAD DAVID,**

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

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

661-322-2206

661-327-7027

---

### SURG - GENERAL SURGERY

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

Provider Specialty / Provider Name

---

**PUGALENTHI AMUDHAN,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE B231, BAKERSFIELD CA  
93301

661-665-0505

661-864-2190

---

**KWOCK CHRISTINA, L**

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

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

500 PUTNAM AVE STE 1026D, PORTERVILLE CA  
93257

559-544-6865

559-791-3909

---

**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

---

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

Provider Specialty / Provider Name

---

**PANDYA GAURANG, S**

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

Language(s)

HINDU

Office #

OFFICE 1

Street:

555 W PUTNAM AVE , PORTERVILLE CA 93257

Phone:

559-782-8533

Fax:

559-782-8544

---

**MOON CYRUS, R**

**Group Affiliation: MOON MD INCORPORATED**

Language(s)

Office #

OFFICE 1

Street:

432 LEXINGTON AVE STE A, DELANO CA 93215

Phone:

661-375-5879

Fax:

661-375-5877

---

**IBERDEMAJ RAME, D**

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

Language(s)

ALBANIAN

CROATIAN

SERBIAN

Office #

OFFICE 1

Street:

1000 E ALMOND AVE , MADERA CA 93637

Phone:

559-673-5657

Fax:

559-599-9726

---

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

Provider Specialty / Provider Name

---

**GUERRERO WHITNEY,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

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

**ENTABI FATEH,**

**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

**ANDERSON CASANDRA, 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	559-326-1225

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

Provider Specialty / Provider Name

---

**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	

**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	

**SINGH GURMANT, P**

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

Language(s)

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



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

Provider Specialty / Provider Name

---

**PANDYA GAURANG, S**

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

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

Office # Street:

OFFICE 1 555 W PUTNAM AVE , PORTERVILLE CA 93257

OFFICE 1 303 W NOBLE AVE , VISALIA CA 93277

Phone:

559-782-8533

559-782-8533

Fax:

559-782-8544

**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

**WILLIAMS RACHAEL, Y**

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

Language(s)  
**FRENCH**

Office # Street:

OFFICE 1 420 34TH ST , BAKERSFIELD CA 93301

Phone:

661-633-2876

Fax:

661-327-0576

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

Provider Specialty / Provider Name

---

**SERALATHAN RAMASAMY,**

Group Affiliation: **RAMASAMY SERALATHAN**

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

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

---

**FAWIBE OLUWATOSIN,**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #	Street:	Phone:	Fax:
<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>

---

**ZHOU JING,**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

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

---

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

Provider Specialty / Provider Name

---

### SURG - OPHTHALMOLOGY

**HASNAIN SYED, S**

Group Affiliation: SYED S. HASNAIN M.D.

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

Office #	Street:	Phone:	Fax:
OFFICE 1	332 N VILLA ST , PORTERVILLE CA 93257	559-781-7482	559-781-8446

**KOUCHOUK AMR, M**

Group Affiliation: HOLLYWOOD EYE ASSOCIATES

Language(s)

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

**PIERAMICI DANTE, J**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s)  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	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	

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

Provider Specialty / Provider Name

---

**COUVILLION STEPHEN, S**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s) SPANISH

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

**KAYE DAVID, B**

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

Language(s) SPANISH  
AFRIKAANS  
HEBREW

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

**SUNALP MURAD, A**

Group Affiliation: SUNALP LASER VISION INC

Language(s) SPANISH  
TURKISH

Office #	Street:	Phone:	Fax:
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

---

**STEINLE NATHAN, C**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

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

**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	

**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

---

**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**

---

**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**

---

**WU CHRIS, Y**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s) **SPANISH**

**SPANISH**

**MANDARIN**

Office #

**OFFICE 1**

Street:

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

Phone:

**661-325-4393**

Fax:

**661-322-8489**

---

## 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

**NASIR MA'AN, A**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s)  
ARABIC

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

**SEIN JULIA,**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s)  
SPANISH  
BURMESE

Office #	Street:	Phone:	Fax:
OFFICE 1	5555 BUSINESS PARK S STE 100, BAKERSFIELD CA 93309	661-325-4393	661-322-8489
OFFICE 1	5404 W CYPRESS AVE STE 101, VISALIA CA 93277	559-627-5200	

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

Provider Specialty / Provider Name

---

**AVERY ROBERT, L**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

SPANISH

Office #

OFFICE 1

OFFICE 1

Street:

5404 W CYPRESS AVE STE 101, VISALIA CA 93277

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA  
93309

Phone:

559-627-5200

661-325-4393

Fax:

559-627-5222

**CASTELLARIN ALESSANDRO, A**

**Group Affiliation: CALIFORNIA RETINA CONSULTANTS**

Language(s)

SPANISH

ITALIAN

Office #

OFFICE 1

OFFICE 1

Street:

5404 W CYPRESS AVE STE 101, VISALIA CA 93277

5555 BUSINESS PARK S STE 100, BAKERSFIELD CA  
93309

Phone:

559-627-5200

661-325-4393

Fax:

559-627-5222

**ALEXANDRAKIS GEORGE,**

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

Language(s)

GREEK

Office #

OFFICE 1

Street:

1420 HIGH ST STE B, DELANO CA 93215

Phone:

559-782-8578

Fax:

559-782-8594



## 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

---

**NGUYEN LOAN, K**

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

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

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

---

**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

---

## 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

---

### SURG - ORAL/MAXILLOFACIAL SURGERY

**GOLDSTEIN JEFFREY, S**Group Affiliation: **OMFS CARE CENTER PARTNERS**

Language(s)

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

**ZAIDI AHMED, B**Group Affiliation: **OMFS CARE CENTER PARTNERS**

Language(s)

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

---

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

Provider Specialty / Provider Name

---

**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

---

### SURG - PLASTIC SURGERY

**GROSSMAN PETER, H**

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

Language(s)

Office #

Street:

Phone:

Fax:

SPANISH

OFFICE 1

420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

**BAUGHMAN ETHAN, J**

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

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

SPANISH

OFFICE 1

420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

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

Provider Specialty / Provider Name

---

**MAJIDIAN ALEXANDER, M**

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

Language(s)

SPANISH

Office #

OFFICE 1

Street:

420 34TH ST , BAKERSFIELD CA 93301

Phone:

661-633-2876

Fax:

661-327-0576

---

**EVANS BRIAN, N**

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

Language(s)

Office #

OFFICE 1

Street:

420 34TH ST , BAKERSFIELD CA 93301

Phone:

661-633-2876

Fax:

661-327-0576

---

**DEV VIPUL, R**

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

Language(s)

SPANISH

GUJARATI

HINDI

SPANISH

Office #

OFFICE 1

Street:

2901 SILLECT AVE STE 201, BAKERSFIELD CA  
93308

Phone:

661-327-2101

Fax:

661-327-2554

---

**SURG - SURGERY OF THE HAND**

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

Provider Specialty / Provider Name

---

**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

---

**WONG CHARLES, D**

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

Language(s)

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

---

**LIVERMORE MERYL, S**

Group Affiliation: SEQUOIA INSTITUTE FOR SURGICAL SERVICES INC.

Language(s) **SPANISH**

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

---

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

Provider Specialty / Provider Name

---

**WONG CHARLES, D**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-664-2300

661-663-6711

---

### SURG - THORACIC SURGERY

**PAMULA RAMESH, B**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1243 E SPRUCE AVE STE 104, FRESNO CA 93720

559-900-4395

559-900-4396

---

**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

---

### SURG - UROLOGY

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

Provider Specialty / Provider Name

---

**STONE BRUCE, C**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

9500 STOCKDALE HWY STE 109, BAKERSFIELD CA  
93311

661-664-4455

661-664-4458

---

**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

---

**RAHMAN NADEEM, U**

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

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

7130 N MILLBROOK AVE , FRESNO CA 93720

559-326-1222

559-326-1225

---

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

Provider Specialty / Provider Name

---

**MINOR THOMAS, X**

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

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

**559-326-1222**

**559-326-1225**

---

**BHARDWAJ VIRINDER, K**

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

Language(s)

Office # Street:

Phone:

Fax:

**PUNJABI**

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

**559-789-9973**

**559-789-0359**

**HINDU**

---

**DWIVEDI RAJENDRA, H**

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**HINDU**

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

**559-781-2403**

**559-781-4334**

---

**GUJARATI**



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

Provider Specialty / Provider Name

---

**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

---

**CHI ANDREW, A**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

7130 N MILLBROOK AVE , FRESNO CA 93720

559-326-1222

559-326-1230

---

**SNYDER ORRENZO, B**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

263 N 3RD ST STE 126, PORTERVILLE CA 93257

559-772-4301

559-772-4302

---

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

Provider Specialty / Provider Name

---

**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>
OFFICE 1	7130 N MILLBROOK AVE , FRESNO CA 93720	559-326-1222	559-326-1230

**SNYDER ORRENZO,**

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**  
**DINÉ**

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

**YOUNGSTROM EDWIN, A**

**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
OFFICE 1	3838 SAN DIMAS ST STE A200, BAKERSFIELD CA 93301	661-654-0200	

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

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

Provider Specialty / Provider Name

---

**LEE JUSTIN, T**

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

Language(s)

**VIETNAMESE**

Office #

**OFFICE 1**

Street:

**500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311**

Phone:

**661-663-6429**

Fax:

**661-663-6041**

---

### **SURG - VASCULAR SURGERY**

**ARAIM OMAR, A**

Group Affiliation: **BASS MEDICAL GROUP**

Language(s) **SPANISH**

Office #

**OFFICE 1**

Street:

**820 S AKERS ST STE 120, VISALIA CA 93277**

Phone:

**559-625-4118**

Fax:

**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

---

**CAPOTE ALLAN, L**

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

Language(s) **SPANISH TAGALO  
TAGALOG**

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

---

**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

---

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

Provider Specialty / Provider Name

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**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	

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**CAMPBELL MATTHEW, P**

**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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