

Report Name: Primary Care Physician Roster (DHMNV)



| Provider Specialty / Provder Name                       | Primary Address                | Secondary Address         | Tertiary Address                         |
|---|--------------------------------|---------------------------|--|
|   |                                |                           |  |
| FAMILY PRACTICE   |                                |                           |  |
| AL-TAI (VCMC),ZEENA                                     | 1227 E LOS ANGELES AVE         | 254 W HARVARD BLVD STE B  |  |
| Availability: OPEN                                      | SIMI VALLEY CA 93065           | SANTA PAULA CA 93060-3920 |  |
| Board Certified: YES                                    | Phone: (805) 582-4000          | (805) 229-0200            |  |
| Language(s): ARABIC                                     | Fax: (805) 579-6082            | (805) 921-1766            |  |
| Gender Affirming Care: No                               |                                |                           |  |
| Group Affiliation: SIERRA VISTA FAMIL<br>MEDICAL CLINIC | ,                              |                           |  |
| ANANTH (VCMC),MINA                                      | 1334 E MAIN ST                 |                           |  |
| Availability: OPEN                                      | SANTA PAULA CA 93060-2926      |                           |  |
| Board Certified: 1208106                                | Phone: (805) 933-1122          |                           |  |
| Language(s): SPANISH                                    | Fax: (805) 933-0522            |                           |  |
| Gender Affirming Care: No                               |                                |                           |  |
| Group Affiliation: SANTA PAULA                          |                                |                           |  |
| MEDICAL CLINIC  |                                |                           |  |
| ANDRADE (VCMC),ALEJANDRO                                | 2220 E GONZALES RD STE 120A-B  |                           |  |
| Availability: OPEN                                      | OXNARD CA 93036-8210           |                           |  |
| Board Certified: 995079                                 | Phone: (805) 981-5151          |                           |  |
| Language(s): SPANISH                                    | Fax: (805) 981-5150            |                           |  |
| Gender Affirming Care: No                               |                                |                           |  |
| Group Affiliation: MAGNOLIA WEST                        |                                |                           |  |
| ARAUJO (VCMC),DAVID                                     | 300 HILLMONT AVE BLDG 340 #201 |                           |  |
| Availability: OPEN TO EXISTING                          | VENTURA CA 93003-3099          |                           |  |
|   |                                | Location: /P              | PRODUCTION/CREDENTIALING/PROVIDER ROSTER |



| Provider Specialty / Provder Name                            | Primary Address               | Secondary Address | Tertiary Address |
|--|-------------------------------|-------------------|------------------|
| Board Certified: YES   | Phone: (805) 652-6100         |                   |                  |
| Language(s):   | Fax: (805) 652-3252           |                   |                  |
| Gender Affirming Care: No                                    |                               |                   |                  |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER        |                               |                   |                  |
| ARNDT, PRESTON W   | 411 W OJAI AVE STE B          |                   |                  |
| Availability: OPEN   | OJAI CA 93023                 |                   |                  |
| Board Certified: YES   | Phone: (559) 335-8408         |                   |                  |
| Language(s): GERMAN  | Fax: (805) 273-0216           |                   |                  |
| Gender Affirming Care: No                                    |                               |                   |                  |
| Group Affiliation:   |                               |                   |                  |
| BALDWIN (VCMC),NELL  | 2220 E GONZALES RD STE 120A-B |                   |                  |
| Availability: OPEN   | OXNARD CA 93036-3707          |                   |                  |
| Board Certified: YES   | Phone: (805) 981-5151         |                   |                  |
| Language(s):   | Fax: (805) 981-5150           |                   |                  |
| Gender Affirming Care: No                                    |                               |                   |                  |
| Group Affiliation: MAGNOLIA FAMILY<br>MEDICAL CLINIC<br>WEST |                               |                   |                  |
| BALLOCH, JODY  | 5051 VERDUGO WAY STE 110      |                   |                  |
| Availability: OPEN   | CAMARILLO CA 93012-8680       |                   |                  |
| Board Certified: YES   | Phone: (805) 384-8071         |                   |                  |
| Language(s):   | Fax: (805) 482-2482           |                   |                  |
| Gender Affirming Care: No                                    |                               |                   |                  |



| Provider Specialty / Provder Name  | Primary Address  | Secondary Address | Tertiary Address |
|--|--|-------------------|------------------|
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO   |  |                   |                  |
| BLAZE (VCMC),ALLISON<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: LAS ISLAS WOMEN'S<br>HEALTH CLINIC           | 2400 S C ST<br>OXNARD CA 93033-0000<br>Phone: (805) 240-7000<br>Fax: (805) 486-0396                |                   |                  |
| BRECKENRIDGE (VCMC),AMELIA J<br>Availability: OPEN TO EXISTING<br>Board Certified: YES<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: FILLMORE FAMILY<br>MEDICAL GROUP | 828 W VENTURA ST STE 100<br>FILLMORE CA 93015-1876<br>Phone: (805) 524-2000<br>Fax: (805) 524-9601 |                   |                  |
| BUNDY,LOGAN<br>Availability: OPEN<br>Board Certified: NO<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation:  | 533 SESPE AVE STE B<br>FILLMORE CA 93015-1942<br>Phone: (805) 524-6700<br>Fax: (805) 524-6707      |                   |                  |



| Provider Specialty / Provder Name                             | Primary Address                              | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| CARVALHO (VCMC), J PAULO                                      | 125 W THOUSAND OAKS BLVD STE<br>300          |                   |                  |
| Availability: OPEN TO EXISTING<br>Board Certified: YES        | THOUSAND OAKS CA 91360-4460                  |                   |                  |
| Language(s): SPANISH  | Phone: (805) 418-9100<br>Fax: (805) 370-0619 |                   |                  |
| Gender Affirming Care: No                                     | Fdx. (605) 570-0619                          |                   |                  |
| Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP   |  |                   |                  |
| CERVANTES (VCMC),MIGUEL                                       | 2400 S C ST                                  |                   |                  |
| Availability: OPEN  | OXNARD CA 93033-4555                         |                   |                  |
| Board Certified: YES  | Phone: (805) 240-7000                        |                   |                  |
| Language(s): SPANISH  | Fax: (805) 486-0396                          |                   |                  |
| Gender Affirming Care: No                                     |  |                   |                  |
| Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP<br>NORTH |  |                   |                  |
| CHAMBERS (VCMC), DARIN T                                      | 325 W CHANNEL ISLANDS BLVD                   |                   |                  |
| Availability: OPEN  | OXNARD CA 93033-4501                         |                   |                  |
| Board Certified: YES  | Phone: (805) 204-9500                        |                   |                  |
| Language(s): SPANISH  | Fax: (805) 240-2128                          |                   |                  |
| Gender Affirming Care: No                                     |  |                   |                  |
| Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP          |  |                   |                  |
| CHAWLA (VCMC),ANIL  | 1227 E LOS ANGELES AVE                       |                   |                  |



| Provider Specialty / Provder Name  | Primary Address   | Secondary Address | Tertiary Address |
|--|---|-------------------|------------------|
| Availability: OPEN<br>Board Certified: YES<br>Language(s): GUJARATI<br>Gender Affirming Care: No<br>Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC                             | SIMI VALLEY CA 93065-2871<br>Phone: (805) 582-4000<br>Fax: (805) 579-6082                           |                   |                  |
| CHENG (VCMC),ANDREW<br>Availability: OPEN<br>Board Certified: 1016555<br>Language(s): MANDARIN<br>Gender Affirming Care: No<br>Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP      | 2400 S C ST<br>OXNARD CA 93033-4555<br>Phone: (805) 240-7000<br>Fax: (805) 486-0396                 |                   |                  |
| CHOUDHARY (VCMC),SUNEETA<br>Availability: OPEN<br>Board Certified: 909192<br>Language(s): HINDI<br>Gender Affirming Care: No<br>Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC | 1227 E LOS ANGELES AVE<br>SIMI VALLEY CA 93065-2871<br>Phone: (805) 582-4000<br>Fax: (805) 579-6082 |                   |                  |
| CLARK (VCMC),MARGARET<br>Availability: OPEN<br>Board Certified: YES<br>Language(s):  | 2400 SOUTH C STREET<br>OXNARD CA 93033-4501<br>Phone: (805) 204-7000<br>Fax: (805) 486-0396         |                   |                  |



| Provider Specialty / Provder Name                     | Primary Address                      | Secondary Address | Tertiary Address                                   |
|---|--------------------------------------|-------------------|--|
| Gender Affirming Care: <b>No</b>                      |                                      |                   |  |
| Group Affiliation: LAS ISLAS WOMEN'S<br>HEALTH CLINIC |                                      |                   |  |
| CUSICK (VCMC),WILLIAM M                               | 133 W SANTA CLARA ST                 |                   |  |
| Availability: OPEN                                    | VENTURA CA 93001-2543                |                   |  |
| Board Certified: YES                                  | Phone: (805) 641-5600                |                   |  |
| Language(s): SPANISH                                  | Fax: (805) 641-5677                  |                   |  |
| Gender Affirming Care: No                             |                                      |                   |  |
| Group Affiliation: WEST VENTURA<br>MEDICAL CLINIC     |                                      |                   |  |
| DAVID (VCMC),JACOB                                    | 300 HILLMONT AVE BLDG 340 #20:       | 1                 |  |
| Availability: OPEN                                    | VENTURA CA 93003-3099                |                   |  |
| Board Certified: YES                                  | Phone: (805) 652-6100                |                   |  |
| Language(s): SPANISH                                  | Fax: (805) 652-3252                  |                   |  |
| Gender Affirming Care: No                             |                                      |                   |  |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER |                                      |                   |  |
| DEGUZMAN (VCMC),DOROTHY                               | 300 HILLMONT AVE BLDG 340 STE<br>201 |                   |  |
| Availability: OPEN                                    | VENTURA CA 93003-1651                |                   |  |
| Board Certified: YES                                  | Phone: (805) 652-6100                |                   |  |
| Language(s):  | Fax: (805) 652-3252                  |                   |  |
| Gender Affirming Care: No                             |                                      |                   |  |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER |                                      |                   |  |
|   |                                      | 1.00              | ation / DRODUCTION / CREDENTIALING / DROVIDED DOGT |





| Provider Specialty / Provder Name                                | Primary Address       | Secondary Address         | Tertiary Address |
|--|-----------------------|---------------------------|------------------|
|  |                       |                           |                  |
| DICKEY,MARIA I   | 3901 LAS POSAS RD ST  | F 10                      |                  |
| Availability: OPEN   | CAMARILLO CA 93010-   |                           |                  |
| Board Certified: YES   | Phone: (805) 918-4476 |                           |                  |
| Language(s):   | Fax: (805) 918-4478   |                           |                  |
| Gender Affirming Care: No  | ( <i>,</i>            |                           |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                       |                           |                  |
| DICKEY,MICAH   | 2901 N VENTURA RD S   | TE 100 243 MARCH ST       |                  |
| Availability: OPEN   | OXNARD CA 93036       | SANTA PAULA CA 93060-2511 |                  |
| Board Certified: YES   | Phone: (805) 485-7877 | (805) 525-7131            |                  |
| Language(s):   | Fax: (805) 981-4472   | (805) 525-0041            |                  |
| Gender Affirming Care: No  |                       |                           |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                       |                           |                  |
| DICKSTEIN (VCMC),SHERYL  | 300 HILLMONT AVE BL   | DG 340 #201               |                  |
| Availability: OPEN TO EXISTING                                   | VENTURA CA 93003-30   | 99                        |                  |
| Board Certified: YES   | Phone: (805) 652-6100 |                           |                  |
| Language(s):   | Fax: (805) 652-3252   |                           |                  |
| Gender Affirming Care: No  |                       |                           |                  |
| Group Affiliation: ACADEMIC FAMIL<br>MEDICINE CENTER             |                       |                           |                  |
| DODGE ROBERT   |                       | -                         |                  |

#### DODGE,ROBERT

168 N BRENT ST STE 502



| Provider Specialty / Provder Name                                | Primary Address           | Secondary Address | Tertiary Address |
|--|---------------------------|-------------------|------------------|
| Availability: OPEN   | VENTURA CA 93003-2840     |                   |                  |
| Board Certified: 290157  | Phone: (805) 641-2000     |                   |                  |
| Language(s):   | Fax: (805) 653-1644       |                   |                  |
| Gender Affirming Care: No  |                           |                   |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                           |                   |                  |
| DORNER (VCMC),GILLIAN  | 2400 S C ST               |                   |                  |
| Availability: OPEN   | OXNARD CA 93033-4555      |                   |                  |
| Board Certified: YES   | Phone: (805) 240-7000     |                   |                  |
| Language(s):   | Fax: (805) 486-0396       |                   |                  |
| Gender Affirming Care: No  |                           |                   |                  |
| Group Affiliation: LAS ISLAS WOMEN'S<br>HEALTH CLINIC            |                           |                   |                  |
| FATEMI,SHAHRAM   | 1700 N ROSE AVE STE 210   |                   |                  |
| Availability: OPEN   | OXNARD CA 93030-7639      |                   |                  |
| Board Certified: YES   | Phone: (805) 384-8071     |                   |                  |
| Language(s): SPANISH   | Fax: (805) 482-2482       |                   |                  |
| Gender Affirming Care: No  |                           |                   |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                           |                   |                  |
| FLOM (VCMC),SHEILA   | 1227 E LOS ANGELES AVE    |                   |                  |
| Availability: OPEN   | SIMI VALLEY CA 93065-2871 |                   |                  |

Board Certified: YES

Phone: (805) 582-4000



| Provider Specialty / Provder Name   | Primary Address  | Secondary Address  | Tertiary Address |
|---|--|--|------------------|
| Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC   | Fax: <b>(805) 579-6082</b>   |  |                  |
| FOUAD,HANY<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO | 5051 VERDUGO WAY STE 110<br>CAMARILLO CA 93012-8680<br>Phone: (805) 384-8071<br>Fax: (805) 482-2482      |  |                  |
| FRANCKE (VCMC),WENDY Availability: OPEN TO EXISTING Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: WEST VENTURA MEDICAL CLINIC            | 133 W SANTA CLARA ST<br>VENTURA CA 93001-2543<br>Phone: (805) 641-5600<br>Fax: (805) 641-5677            | 300 HILLMONT AVE BLDG 340 STE<br>201<br>VENTURA CA 93003<br>(805) 652-6100<br>(805) 652-3252 |                  |
| GAMBLE (VCMC), MICAH<br>Availability: OPEN<br>Board Certified:<br>Language(s):  | 300 HILLMONT AVE BLDG 340 STE<br>201<br>VENTURA CA 93003<br>Phone: (805) 652-6100<br>Fax: (805) 652-3252 |  |                  |



| Provider Specialty / Provder Name   | Primary Address   | Secondary Address | Tertiary Address |
|---|---|-------------------|------------------|
| Gender Affirming Care: <b>No</b><br>Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER   |   |                   |                  |
| GARCIA-PENA (VCMC),HAMLET R<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: MAGNOLIA WEST                    | 2220 E GONZALES RD STE 120A-B<br>OXNARD CA 93036-3707<br>Phone: (805) 981-5151<br>Fax: (805) 981-5150 |                   |                  |
| GAREYS (VCMC),LYUDMYLA<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): RUSSIAN<br>Gender Affirming Care: No<br>Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC | 1227 E LOS ANGELES AVE<br>SIMI VALLEY CA 93065-2871<br>Phone: (805) 582-4000<br>Fax: (805) 579-6082   |                   |                  |
| GOMEZ (VCMC),RAMON<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: SANTA PAULA<br>MEDICAL CLINIC             | 1334 E MAIN ST<br>SANTA PAULA CA 93060<br>Phone: (805) 933-1122<br>Fax: (805) 933-0522                |                   |                  |



| Provider Specialty / Provder Name   | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| GROSSMAN (VCMC),SAMUEL<br>Availability: OPEN<br>Board Certified: YES<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: WEST VENTURA<br>MEDICAL CLINIC<br>(FQHC)              | 133 W SANTA CLARA ST<br>VENTURA CA 93001<br>Phone: (805) 641-5600<br>Fax: (805) 641-5677 |                   |                  |
| HELMER (VCMC) JR,JAMES<br>Availability: OPEN TO EXISTING<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: ACADEMIC FAMIL<br>MEDICINE CENTER | Phone: (805) 652-6100<br>Fax: (805) 652-3252<br>Y  |                   |                  |
| HOFER,CHRISTINA M<br>Availability: OPEN<br>Board Certified: 908963<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO   | 243 MARCH ST<br>SANTA PAULA CA 93060<br>Phone: (805) 525-7131<br>Fax: (805) 525-0041     |                   |                  |
| JENDUSA (VCMC),MICHAEL F<br>Availability: OPEN  | 2220 E GONZALES RD STE 120A-B<br>OXNARD CA 93033   |                   |                  |



| Provider Specialty / Provder Name                               | Primary Address                     | Secondary Address         | Tertiary Address |
|---|-------------------------------------|---------------------------|------------------|
| Board Certified: YES  | Phone: (805) 981-5151               |                           |                  |
|   |                                     |                           |                  |
| Language(s):<br>Gender Affirming Care: <b>No</b>                | Fax: (805) 981-5160                 |                           |                  |
| -   |                                     |                           |                  |
| Group Affiliation: MAGNOLIA WEST                                |                                     |                           |                  |
| JONES (VCMC),AMY  | 612 SPRING RD BLDG A                |                           |                  |
| Availability: OPEN  | MOORPARK CA 93021-1820              |                           |                  |
| Board Certified: 847909   | Phone: (805) 523-5400               |                           |                  |
| Language(s):  | Fax: (805) 523-2233                 |                           |                  |
| Gender Affirming Care: No                                       |                                     |                           |                  |
| Group Affiliation: MOORPARK FAMILY<br>MEDICAL CLINIC            |                                     |                           |                  |
| JONOKUCHI,CARL  | 3901 LAS POSAS RD STE 10            | 550 ST CHARELS DR STE 200 |                  |
| Availability: OPEN  | CAMARILLO CA 93010-1502             | THOUSAND OAKS CA 91360    |                  |
| Board Certified: YES  | Phone: (805) 918-4476               | (805) 384-8071            |                  |
| Language(s):  | Fax: (805) 918-4478                 | (805) 497-3838            |                  |
| Gender Affirming Care: No                                       |                                     |                           |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP –<br>VENTURA |                                     |                           |                  |
| KANG (VCMC),SEONG M   | 125 W THOUSAND OAKS BLVD STE<br>300 | 3801 LAS POSAS RD STE 214 |                  |
| Availability: OPEN TO EXISTING                                  | THOUSAND OAKS CA 91360-4460         | CAMARILLO CA 93010        |                  |
| Board Certified: YES  | Phone: (805) 418-9100               | (805) 437-0900            |                  |
| Language(s): KOREAN   | Fax: (805) 370-0619                 | (805) 987-2878            |                  |
| Gender Affirming Care: No                                       |                                     | -                         |                  |



-

| Provider Specialty / Provder Name   | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP   |  |                   |                  |
| KARRA (VCMC),ANNAPURNA<br>Availability: OPEN<br>Board Certified: YES  | 612 SPRING RD BLDG A<br>MOORPARK CA 93021-129<br>Phone: (805) 523-5400                             | 98                |                  |
| Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: MOORPARK FAMILY<br>MEDICAL CLINIC   | Fax: (805) 523-2233  |                   |                  |
| KHAN (VCMC),TIPU V<br>Availability: OPEN<br>Board Certified: 971621<br>Language(s): SPANISH<br>Gender Affirming Care: No  | 300 HILLMONT AVE BLDG<br>VENTURA CA 93003-3099<br>Phone: (805) 652-6100<br>Fax: (805) 652-3252     | 340 #201          |                  |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER   |  |                   |                  |
| KONDAL (VCMC),UDIT<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: LAS POSAS FAMILY<br>MEDICAL GROUP | 3801 LAS POSAS RD STE 2:<br>CAMARILLO CA 93010-142<br>Phone: (805) 437-0900<br>Fax: (805) 987-2878 |                   |                  |



| Provider Specialty / Provder Name                                | Primary Address                     | Secondary Address | Tertiary Address |
|--|-------------------------------------|-------------------|------------------|
| KROENING (VCMC),EMILY  | 125 W THOUSAND OAKS BLVD STE<br>300 |                   |                  |
| Availability: OPEN   | THOUSAND OAKS CA 91360-4460         |                   |                  |
| Board Certified: YES   | Phone: (805) 418-9100               |                   |                  |
| Language(s): SPANISH   | Fax: (805) 370-0619                 |                   |                  |
| Gender Affirming Care: No  |                                     |                   |                  |
| Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP      |                                     |                   |                  |
| КИВО,КОЈІ  | 1700 N ROSE AVE STE 210             |                   |                  |
| Availability: OPEN   | OXNARD CA 93030-3790                |                   |                  |
| Board Certified: YES   | Phone: (805) 384-8071               |                   |                  |
| Language(s): JAPANESE  | Fax: (805) 482-2482                 |                   |                  |
| Gender Affirming Care: No  |                                     |                   |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                                     |                   |                  |
| LAMBING (VCMC),CHERYL  | 300 HILLMONT AVE BLDG 340 #201      |                   |                  |
| Availability: OPEN TO EXISTING                                   | VENTURA CA 93003-3099               |                   |                  |
| Board Certified: YES   | Phone: (805) 652-6100               |                   |                  |
| Language(s):   | Fax: (805) 652-3252                 |                   |                  |
| Gender Affirming Care: No  |                                     |                   |                  |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER            |                                     |                   |                  |
| LEVIN (VCMC),ANA A   | 254 W HARVARD BLVD STE B            |                   |                  |



| Provider Specialty / Provder Name                | Primary Address           | Secondary Address | Tertiary Address |
|--|---------------------------|-------------------|------------------|
| Availability: OPEN                               | SANTA PAULA CA 93060      |                   |                  |
| Board Certified: 1213854                         | Phone: (805) 229-0200     |                   |                  |
|  |                           |                   |                  |
| Language(s): SPANISH                             | Fax: (805) 921-1766       |                   |                  |
| Gender Affirming Care: No                        |                           |                   |                  |
| Group Affiliation: SANTA PAULA W                 | EST                       |                   |                  |
| LU (VCMC),NANCY                                  | 1334 E MAIN ST            |                   |                  |
| Availability: OPEN                               | SANTA PAULA CA 93060      |                   |                  |
| Board Certified: YES                             | Phone: (805) 933-1122     |                   |                  |
| Language(s): MANDAR                              | Fax: (805) 933-0522       |                   |                  |
| Gender Affirming Care: No                        |                           |                   |                  |
| Group Affiliation: SANTA PAULA<br>MEDICAL CLINIC |                           |                   |                  |
| LYNE,ALAN W                                      | 245 N TENTH ST            |                   |                  |
| Availability: OPEN                               | SANTA PAULA CA 93060-2804 |                   |                  |
| Board Certified: YES                             | Phone: (805) 525-7515     |                   |                  |
| Language(s): SPANISH                             | Fax: (805) 933-1612       |                   |                  |
| Gender Affirming Care: No                        |                           |                   |                  |
| Group Affiliation:                               |                           |                   |                  |
| MESHRIKY (VCMC), JOSEPH                          | 1227 E LOS ANGELES AVE    |                   |                  |
| Availability: OPEN                               | SIMI VALLEY CA 93065-2871 |                   |                  |
| Board Certified: 932681                          | Phone: (805) 582-4000     |                   |                  |
| Language(s): ARABIC                              | Fax: (805) 579-6082       |                   |                  |
| Gender Affirming Care: No                        |                           |                   |                  |



| rovider Specialty / Provder Name                         | Primary Address           | Secondary Address | s Tertiary Address                              |
|--|---------------------------|-------------------|---|
| Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC | ,                         |                   |   |
| MILLER (VCMC), JEFFREY                                   | 3801 LAS POSAS RD STE 214 |                   |   |
| Availability: OPEN                                       | CAMARILLO CA 93010-1426   |                   |   |
| Board Certified: YES                                     | Phone: (805) 437-0900     |                   |   |
| Language(s): SPANISH                                     | Fax: (805) 987-2878       |                   |   |
| Gender Affirming Care: No                                |                           |                   |   |
| Group Affiliation: LAS POSAS FAMILY<br>MEDICAL GROUP     |                           |                   |   |
| MOFFATT,ROBERT   | 231 N DOS CAMINOS AVE     |                   |   |
| Availability: OPEN                                       | VENTURA CA 93003-1660     |                   |   |
| Board Certified: 347044                                  | Phone: (805) 653-5070     |                   |   |
| Language(s):   | Fax: (805) 653-8099       |                   |   |
| Gender Affirming Care: No                                |                           |                   |   |
| Group Affiliation:                                       |                           |                   |   |
| MUELLER (VCMC),KHRISTINA M                               | 612 SPRING RD BLDG A      |                   |   |
| Availability: OPEN                                       | MOORPARK CA 93021-1820    |                   |   |
| Board Certified: YES                                     | Phone: (805) 523-5400     |                   |   |
| Language(s): SPANISH                                     | Fax: (805) 523-2233       |                   |   |
| Gender Affirming Care: No                                |                           |                   |   |
| Group Affiliation: MOORPARK FAMILY<br>MEDICAL CLINIC     |                           |                   |   |
| MURPHY,CHARLES   | 168 N BRENT ST STE 502    |                   |   |
| Availability: OPEN                                       | VENTURA CA 93003-2840     |                   |   |
|  |                           | L                 | ocation: /PRODUCTION/CREDENTIALING/PROVIDER ROS |



| Provider Specialty / Provder Name                               | Primary Address              | Secondary Address | Tertiary Address                        |
|---|------------------------------|-------------------|---|
|   |                              |                   |   |
| Board Certified: YES  | Phone: (805) 641-2000        |                   |   |
| Language(s):  | Fax: (805) 653-1644          |                   |   |
| Gender Affirming Care: No                                       |                              |                   |   |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP –<br>VENTURA |                              |                   |   |
| O'BRYAN-BECERRA (VCMC),CARLOS                                   | 300 HILLMONT AVE BLDG<br>201 | 340 STE           |   |
| Availability: OPEN  | VENTURA CA 93003             |                   |   |
| Board Certified: YES  | Phone: (805) 652-6100        |                   |   |
| Language(s): SPANISH  | Fax: (805) 652-3252          |                   |   |
| Gender Affirming Care: No                                       |                              |                   |   |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICAL CENTER            |                              |                   |   |
| PAKALA (VCMC),SHILPA  | 2220 E GONZALES RD STE       | 120А-В            |   |
| Availability: OPEN  | OXNARD CA 93036-1807         |                   |   |
| Board Certified: YES  | Phone: (805) 981-5151        |                   |   |
| Language(s):  | Fax: (805) 981-5150          |                   |   |
| Gender Affirming Care: No                                       |                              |                   |   |
| Group Affiliation: MAGNOLIA WEST                                |                              |                   |   |
| PAPADOR, JOSEPH   | 2901 N VENTURA RD STE 1      | 100               |   |
| Availability: OPEN  | OXNARD CA 93036-1126         |                   |   |
| Board Certified: 1356160  | Phone: (805) 981-6101        |                   |   |
| Language(s):  | Fax: (805) 981-6201          |                   |   |
| Gender Affirming Care: No                                       |                              |                   |   |
|   |                              | Location: /P      | RODUCTION/CREDENTIALING/PROVIDER ROSTEI |



-

| Provider Specialty / Provder Name  | Primary Address  | Secondary Address | Tertiary Address |
|--|--|-------------------|------------------|
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO   |  |                   |                  |
| PATRICK (VCMC),LEAH R  | 125 W THOUSAND OAKS BLVE<br>300  | D STE             |                  |
| Availability: OPEN TO EXISTING<br>Board Certified: YES<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP | THOUSAND OAKS CA 91360-4<br>Phone: (805) 418-9100<br>Fax: (805) 370-0619                           | 460               |                  |
| PATTERSON (VCMC),STANLEYAvailability: OPEN TO EXISTINGBoard Certified: YESLanguage(s): SPANISHGender Affirming Care: NoGroup Affiliation: MAGNOLIA WEST            | 2220 E GONZALES RD STE 120<br>OXNARD CA 93036-8210<br>Phone: (805) 981-5151<br>Fax: (805) 981-5150 | A-B               |                  |
| PERERA (VCMC),YOHAN R<br>Availability: OPEN<br>Board Certified: YES<br>Language(s):<br>Gender Affirming Care: No   | 2400 S C ST<br>OXNARD CA 93033<br>Phone: (805) 240-7000<br>Fax: (805) 486-0396                     |                   |                  |



| Provider Specialty / Provder Name                             | Primary Address                              | Secondary Address          | Tertiary Address |
|---|--|----------------------------|------------------|
| Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP<br>NORTH |  |                            |                  |
| PHANG (VCMC),SAMUEL K<br>Availability: OPEN                   | 2400 S C ST<br>OXNARD CA 93033-0000          |                            |                  |
| Board Certified: YES<br>Language(s): MANDARIN                 | Phone: (805) 240-7000<br>Fax: (805) 486-0396 |                            |                  |
| Gender Affirming Care: No                                     |  |                            |                  |
| Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP<br>NORTH |  |                            |                  |
| RAMIREZ (VCMC),CARMEN   | 2400 SOUTH C ST                              | 325 W CHANNEL ISLANDS BLVD |                  |
| Availability: OPEN  | OXNARD CA 93033-4555                         | OXNARD CA 93033-4501       |                  |
| Board Certified: YES  | Phone: (805) 240-7000                        | (805) 204-9500             |                  |
| Language(s):  | Fax: (805) 486-0396                          | (805) 240-2128             |                  |
| Gender Affirming Care: No                                     |  |                            |                  |
| Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP<br>NORTH |  |                            |                  |
| SENDAYDIEGO (VCMC),CATHERINE A                                | 2400 SOUTH C ST                              |                            |                  |
| Availability: OPEN  | OXNARD CA 93033-4555                         |                            |                  |
| Board Certified: YES  | Phone: (805) 240-7000                        |                            |                  |
| Language(s):  | Fax: (805) 486-0396                          |                            |                  |
| Gender Affirming Care: No                                     |  |                            |                  |



| Provider Specialty / Provder Name   | Primary Address   | Secondary Address | Tertiary Address |
|---|---|-------------------|------------------|
| Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP<br>NORTH   |   |                   |                  |
| SERRANO (VCMC), VLADIMIR A<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No   | 2220 E GONZALES RD STE 120A-B<br>OXNARD CA 93036-3707<br>Phone: (805) 981-5151<br>Fax: (805) 981-5325 |                   |                  |
| Group Affiliation: MAGNOLIA WEST  |   |                   |                  |
| SOLINAS (VCMC),LISA<br>Availability: OPEN<br>Board Certified: 283302<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: SANTA PAULA<br>HOSPITAL CLINIC<br>(FQHC)  | 845 N TENTH ST STE 3<br>SANTA PAULA CA 93060<br>Phone: (805) 525-0215<br>Fax: (805) 525-8031          |                   |                  |
| SPORTELLI (VCMC),MARISA<br>Availability: OPEN<br>Board Certified: 639424<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC | 1227 E LOS ANGELES AVE<br>SIMI VALLEY CA 93065-2871<br>Phone: (805) 582-4000<br>Fax: (805) 579-6082   |                   |                  |



| Provider Specialty / Provder Name   | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| STEPHENS, KYLE<br>Availability: OPEN<br>Board Certified: YES<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO     | 168 N BRENT ST STE 502<br>VENTURA CA 93003-2840<br>Phone: (805) 641-2000<br>Fax: (805) 653-1644      |                   |                  |
| SUJANANI,SUNITA<br>Availability: OPEN<br>Board Certified: 778643<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO | 2601 E MAIN ST STE 100<br>VENTURA CA 93003-2801<br>Phone: (805) 585-5562<br>Fax: (805) 585-5689      |                   |                  |
| TUSHLA, MICHAEL<br>Availability: OPEN<br>Board Certified: 516917<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO | 400 E SANTA BARBARA ST STE A<br>SANTA PAULA CA 93060<br>Phone: (805) 525-2121<br>Fax: (805) 525-3652 |                   |                  |
| WEDLOW,CAMILLE  | 550 ST CHARLES DR STE 200  |                   |                  |



| Provider Specialty / Provder Name  | Primary Address   | Secondary Address | Tertiary Address |
|--|---|-------------------|------------------|
| Availability: <b>OPEN</b><br>Board Certified: <b>720212</b><br>Language(s):  | THOUSAND OAKS CA 91360<br>Phone: (805) 384-8071<br>Fax: (805) 497-3838                                |                   |                  |
| Gender Affirming Care: <b>No</b><br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO   |   |                   |                  |
| WHIPPLE (VCMC),CASEY<br>Availability: OPEN<br>Board Certified: 1243715<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: MAGNOLIA WEST            | 2220 E GONZALES RD STE 120A-B<br>OXNARD CA 93036-3707<br>Phone: (805) 981-5151<br>Fax: (805) 981-5150 |                   |                  |
| WIKHOLM,GARY D<br>Availability: OPEN<br>Board Certified: 161915<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: VALLEY MEDICAL<br>GROUP | 247 W HARVARD BLVD<br>SANTA PAULA CA 93060-3223<br>Phone: (805) 525-0907<br>Fax: (866) 402-8906       |                   |                  |
| WILKEY,CLARK<br>Availability: OPEN<br>Board Certified: YES<br>Language(s):   | 168 N BRENT ST STE 502<br>VENTURA CA 93003<br>Phone: (805) 641-2000<br>Fax: (805) 653-1644            |                   |                  |



| Provider Specialty / Provder Name                                | Primary Address                | Secondary Address                    | Tertiary Address |
|--|--------------------------------|--------------------------------------|------------------|
| Gender Affirming Care: No  |                                |                                      |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                                |                                      |                  |
| WISNIEWSKI(VCMC),DANIELLE  | 254 W HARVARD BLVD STE B       | 300 HILLMONT AVE BLDG 340 STE<br>502 |                  |
| Availability: OPEN   | SANTA PAULA CA 93060-3920      | VENTURA CA 93003                     |                  |
| Board Certified: 1170754   | Phone: (805) 229-0200          | (805) 652-6524                       |                  |
| Language(s): SPANISH   | Fax: (805) 921-1766            | (805) 652-5983                       |                  |
| Gender Affirming Care: No  |                                |                                      |                  |
| Group Affiliation: SANTA PAULA WEST                              |                                |                                      |                  |
| ZWOLAK (VCMC),ZACHARY  | 300 HILLMONT AVE BLDG 340 #201 |                                      |                  |
| Availability: OPEN   | VENTURA CA 93003-3099          |                                      |                  |
| Board Certified: 999651  | Phone: (805) 652-6100          |                                      |                  |
| Language(s): FRENCH  | Fax: (805) 652-3252            |                                      |                  |
| Gender Affirming Care: <b>No</b>                                 |                                |                                      |                  |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER            |                                |                                      |                  |





| Provider Specialty / Provder Name                                | Primary Address           | Secondary Address        | Tertiary Address |
|--|---------------------------|--------------------------|------------------|
|  |                           |                          |                  |
| INTERNAL MEDICINE  |                           |                          |                  |
| BRANA,SABRINA  | 64 E DAILY DR             | 5051 VERDUGO WAY STE 110 |                  |
| Availability: OPEN   | CAMARILLO CA 93010        | CAMARILLO CA 93012-8680  |                  |
| Board Certified: 1235079   | Phone: (805) 384-8071     | (805) 384-8071           |                  |
| Language(s):   | Fax: (805) 437-8717       | (805) 484-3610           |                  |
| Gender Affirming Care: No  |                           |                          |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                           |                          |                  |
| CAFFREY,CYNTHIA  | 243 MARCH ST              |                          |                  |
| Availability: OPEN   | SANTA PAULA CA 93060-2511 |                          |                  |
| Board Certified: 619685  | Phone: (805) 525-7131     |                          |                  |
| Language(s):   | Fax: (805) 525-0041       |                          |                  |
| Gender Affirming Care: No  |                           |                          |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                           |                          |                  |
| CAPPER,BENJAMIN  | 3901 LAS POSAS RD STE 10  |                          |                  |
| Availability: OPEN   | CAMARILLO CA 93010-1502   |                          |                  |
| Board Certified: 1175928   | Phone: (805) 918-4476     |                          |                  |
| Language(s):   | Fax: (805) 918-4478       |                          |                  |
| Gender Affirming Care: No  |                           |                          |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                           |                          |                  |
|  |                           |                          |                  |



| rovider Specialty / Provder Name                                 | Primary Address                     | Secondary Address        | Tertiary Address |
|--|-------------------------------------|--------------------------|------------------|
| CHEN,JIAN ANNA   | 243 MARCH ST                        | 3901 LAS POSAS RD STE 10 |                  |
| Availability: OPEN   | SANTA PAULA CA 93060-2511           | CAMARILLO CA 93010-1502  |                  |
| Board Certified: 520024  | Phone: (805) 525-7131               | (805) 918-4476           |                  |
| Language(s): CHINESE   | Fax: (805) 525-0041                 | (805) 918-4478           |                  |
| Gender Affirming Care: No  |                                     |                          |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                                     |                          |                  |
| DARDEN (VCMC),TED D  | 125 W THOUSAND OAKS BLVD STE<br>300 |                          |                  |
| Availability: OPEN   | THOUSAND OAKS CA 91360-4460         |                          |                  |
| Board Certified: YES   | Phone: (805) 418-9100               |                          |                  |
| Language(s):   | Fax: (805) 370-0619                 |                          |                  |
| Gender Affirming Care: No  |                                     |                          |                  |
| Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP      |                                     |                          |                  |
| DEKKERS,ROBERT J   | 243 MARCH ST                        |                          |                  |
| Availability: OPEN   | SANTA PAULA CA 93060-2511           |                          |                  |
| Board Certified: YES   | Phone: (805) 525-7131               |                          |                  |
| Language(s): SPANISH   | Fax: (805) 525-0041                 |                          |                  |
| Gender Affirming Care: No  |                                     |                          |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                                     |                          |                  |



| Provider Specialty / Provder Name                                | Primary Address                     | Secondary Address | Tertiary Address |
|--|-------------------------------------|-------------------|------------------|
| DEUTSCH,GARY M   | 243 MARCH ST                        |                   |                  |
| Availability: OPEN   | SANTA PAULA CA 93060-2511           |                   |                  |
| Board Certified: YES   | Phone: (805) 525-7131               |                   |                  |
| Language(s): SPANISH   | Fax: (805) 525-0041                 |                   |                  |
| Gender Affirming Care: No  |                                     |                   |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                                     |                   |                  |
| HOWARD (VCMC),DANA   | 125 W THOUSAND OAKS BLVD STE<br>300 |                   |                  |
| Availability: OPEN   | THOUSAND OAKS CA 91360-4460         |                   |                  |
| Board Certified: YES   | Phone: (805) 418-9100               |                   |                  |
| Language(s):   | Fax: (805) 370-0619                 |                   |                  |
| Gender Affirming Care: No  |                                     |                   |                  |
| Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP      |                                     |                   |                  |
| JAMAL,NASER  | 5051 VERDUGO WAY STE 100            |                   |                  |
| Availability: OPEN   | CAMARILLO CA 93012-8681             |                   |                  |
| Board Certified: YES   | Phone: (805) 384-8071               |                   |                  |
| Language(s):   | Fax: (805) 482-2482                 |                   |                  |
| Gender Affirming Care: No  |                                     |                   |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                                     |                   |                  |

Report Name: Primary Care Physician Roster (DHMNV)



| Provider Specialty / Provder Name                       | Primary Address               | Secondary Address          | Tertiary Address                     |
|---|-------------------------------|----------------------------|--------------------------------------|
|   |                               |                            |                                      |
| LYONS (VCMC),MORGAN E                                   | 2220 E GONZALES RD STE 120A-B | 2240 E GONZALES RD STE 100 |                                      |
| Availability: OPEN TO EXISTING                          | OXNARD CA 93036-3707          | OXNARD CA 93036-8212       |                                      |
| Board Certified: YES                                    | Phone: (805) 981-5151         | (805) 981-5161             |                                      |
| Language(s): SPANISH                                    | Fax: (805) 981-5150           | (805) 981-5160             |                                      |
| Gender Affirming Care: No                               |                               |                            |                                      |
| Group Affiliation: MAGNOLIA WEST                        |                               |                            |                                      |
| MANDAL (VCMC),SMITA                                     | 1227 E LOS ANGELES AVE        |                            |                                      |
| Availability: OPEN                                      | SIMI VALLEY CA 93065-2871     |                            |                                      |
| Board Certified: 951840                                 | Phone: (805) 582-4000         |                            |                                      |
| Language(s): GUJARATI                                   | Fax: (805) 579-6082           |                            |                                      |
| Gender Affirming Care: No                               |                               |                            |                                      |
| Group Affiliation: SIERRA VISTA FAMIL<br>MEDICAL CLINIC | Y                             |                            |                                      |
| MARKS (VCMC),ERIC                                       | 3801 LAS POSAS RD STE 214     |                            |                                      |
| Availability: OPEN                                      | CAMARILLO CA 93010-1426       |                            |                                      |
| Board Certified: YES                                    | Phone: (805) 437-0900         |                            |                                      |
| Language(s):  | Fax: (805) 987-2878           |                            |                                      |
| Gender Affirming Care: No                               |                               |                            |                                      |
| Group Affiliation: LAS POSAS FAMILY<br>MEDICAL GROUP    |                               |                            |                                      |
| MESCHER-COX,MEGAN                                       | 2901 N VENTURA RD SUITE 100   |                            |                                      |
| Availability: OPEN                                      | OXNARD CA 93030               |                            |                                      |
| Board Certified: YES                                    | Phone: (805) 485-7877         |                            |                                      |
| Language(s):  | Fax: (805) 981-4472           |                            |                                      |
|   |                               | Location: /PROL            | DUCTION/CREDENTIALING/PROVIDER ROSTE |



| Provider Specialty / Provder Name                                | Primary Address             | Secondary Address | Tertiary Address |
|--|-----------------------------|-------------------|------------------|
|  |                             |                   |                  |
| Gender Affirming Care: No  |                             |                   |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                             |                   |                  |
| PATEL,AVAN M   | 5051 VERDUGO WAY STE 100    |                   |                  |
| Availability: OPEN   | CAMARILLO CA 93012          |                   |                  |
| Board Certified:   | Phone: (805) 384-8071       |                   |                  |
| Language(s): GUJARATI  | Fax: (805) 897-1927         |                   |                  |
| Gender Affirming Care: <b>No</b>                                 |                             |                   |                  |
| Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                             |                   |                  |
| RAHEEL (VCMC),SEEMA K  | 125 W THOUSAND OAKS BLVD ST |                   |                  |
|  | 300                         |                   |                  |
| Availability: OPEN   | THOUSAND OAKS CA 91360-4460 |                   |                  |
| Board Certified: YES   | Phone: (805) 418-9100       |                   |                  |
| Language(s): BULGARIAN   | Fax: (805) 370-0619         |                   |                  |
| Gender Affirming Care: No  |                             |                   |                  |
| Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP      |                             |                   |                  |
| SHARMA,NISHA   | 5051 VERDUGO WAY STE 100    |                   |                  |
| Availability: OPEN   | CAMARILLO CA 93012-8681     |                   |                  |
| Board Certified: 1255463   | Phone: (805) 384-8071       |                   |                  |
| Language(s):   | Fax: (805) 987-1927         |                   |                  |
|  |                             |                   |                  |



| Provider Specialty / Provder Name   | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| Gender Affirming Care: <b>No</b><br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO  |  |                   |                  |
| SKINNER,EDWINA<br>Availability: OPEN<br>Board Certified: 883325<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO        | 5051 VERDUGO WAY STE. 100<br>CAMARILLO CA 93012-8680<br>Phone: (805) 384-8071<br>Fax: (805) 482-2482 |                   |                  |
| ULRICH,RAMSEY<br>Availability: OPEN<br>Board Certified: 580048<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO | 2601 E MAIN ST STE 100<br>VENTURA CA 93003-2801<br>Phone: (805) 585-5562<br>Fax: (805) 585-5689      |                   |                  |



| Provider Specialty / Provder Name                            | Primary Address               | Secondary Address | Tertiary Address |
|--|-------------------------------|-------------------|------------------|
|  |                               |                   |                  |
| <b>OBSTETRICS &amp; GYNECOLOG</b>                            | (                             |                   |                  |
| BALDWIN (VCMC),NELL  | 2220 E GONZALES RD STE 120A-B |                   |                  |
| Availability: OPEN   | OXNARD CA 93036-3707          |                   |                  |
| Board Certified: YES   | Phone: (805) 981-5151         |                   |                  |
| Language(s):   | Fax: (805) 981-5150           |                   |                  |
| Gender Affirming Care: No                                    |                               |                   |                  |
| Group Affiliation: MAGNOLIA FAMILY<br>MEDICAL CLINIC<br>WEST |                               |                   |                  |
|  |                               |                   |                  |



| Provider Specialty / Provder Name                       | Primary Address       | Secondary Address            | Tertiary Address |
|---|-----------------------|------------------------------|------------------|
|   |                       |                              |                  |
| OBSTETRICS-FAMILY PRACT                                 | HONER                 |                              |                  |
| AL-TAI (VCMC),ZEENA                                     | 1227 E LOS ANGELES A  | AVE 254 W HARVARD BLVD STE B |                  |
| Availability: OPEN                                      | SIMI VALLEY CA 93065  | SANTA PAULA CA 93060-3920    |                  |
| Board Certified: YES                                    | Phone: (805) 582-4000 | (805) 229-0200               |                  |
| Language(s): ARABIC                                     | Fax: (805) 579-6082   | (805) 921-1766               |                  |
| Gender Affirming Care: No                               |                       |                              |                  |
| Group Affiliation: SIERRA VISTA FAMIL<br>MEDICAL CLINIC | Y                     |                              |                  |
| ANDRADE (VCMC),ALEJANDRO                                | 2220 E GONZALES RD    | STE 120A-B                   |                  |
| Availability: OPEN                                      | OXNARD CA 93036-82    | 10                           |                  |
| Board Certified: 995079                                 | Phone: (805) 981-5151 |                              |                  |
| Language(s): SPANISH                                    | Fax: (805) 981-5150   |                              |                  |
| Gender Affirming Care: No                               |                       |                              |                  |
| Group Affiliation: MAGNOLIA WEST                        |                       |                              |                  |
| ARAUJO (VCMC),DAVID                                     | 300 HILLMONT AVE BI   | LDG 340 #201                 |                  |
| Availability: OPEN TO EXISTING                          | VENTURA CA 93003-3    | 099                          |                  |
| Board Certified: YES                                    | Phone: (805) 652-6100 |                              |                  |
| Language(s):  | Fax: (805) 652-3252   |                              |                  |
| Gender Affirming Care: No                               |                       |                              |                  |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER   |                       |                              |                  |
| BLAZE (VCMC),ALLISON                                    | 2400 S C ST           |                              |                  |
| Availability: OPEN                                      | OXNARD CA 93033-00    | 00                           |                  |



| rovider Specialty / Provder Name                              | Primary Address                     | Secondary Address | Tertiary Address |
|---|-------------------------------------|-------------------|------------------|
| Board Certified: YES  | Phone: (805) 240-7000               |                   |                  |
| Language(s): SPANISH  | Fax: (805) 486-0396                 |                   |                  |
| Gender Affirming Care: No                                     |                                     |                   |                  |
| Group Affiliation: LAS ISLAS WOMEN'S<br>HEALTH CLINIC         |                                     |                   |                  |
| CARVALHO (VCMC),J PAULO                                       | 125 W THOUSAND OAKS BLVD STE<br>300 |                   |                  |
| Availability: OPEN TO EXISTING                                | THOUSAND OAKS CA 91360-4460         |                   |                  |
| Board Certified: YES  | Phone: (805) 418-9100               |                   |                  |
| Language(s): SPANISH  | Fax: (805) 370-0619                 |                   |                  |
| Gender Affirming Care: No                                     |                                     |                   |                  |
| Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP   |                                     |                   |                  |
| CERVANTES (VCMC),MIGUEL                                       | 2400 S C ST                         |                   |                  |
| Availability: OPEN  | OXNARD CA 93033-4555                |                   |                  |
| Board Certified: YES  | Phone: (805) 240-7000               |                   |                  |
| Language(s): SPANISH  | Fax: (805) 486-0396                 |                   |                  |
| Gender Affirming Care: No                                     |                                     |                   |                  |
| Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP<br>NORTH |                                     |                   |                  |
| CHAMBERS (VCMC),DARIN T                                       | 325 W CHANNEL ISLANDS BLVD          |                   |                  |
| Availability: OPEN  | OXNARD CA 93033-4501                |                   |                  |
| Availability. OF LIN  |                                     |                   |                  |



| Provider Specialty / Provder Name   | Primary Address   | Secondary Address | Tertiary Address |
|---|---|-------------------|------------------|
| Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP   | Fax: <b>(805) 240-2128</b>  |                   |                  |
| CHENG (VCMC),ANDREW<br>Availability: OPEN<br>Board Certified: 1016555<br>Language(s): MANDARIN<br>Gender Affirming Care: No<br>Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP | 2400 S C ST<br>OXNARD CA 93033-4555<br>Phone: (805) 240-7000<br>Fax: (805) 486-0396                           |                   |                  |
| DAVID (VCMC),JACOB<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER      | 300 HILLMONT AVE BLDG 340 #201<br>VENTURA CA 93003-3099<br>Phone: (805) 652-6100<br>Fax: (805) 652-3252       |                   |                  |
| DEGUZMAN (VCMC),DOROTHY<br>Availability: OPEN<br>Board Certified: YES<br>Language(s):<br>Gender Affirming Care: No  | 300 HILLMONT AVE BLDG 340 STE<br>201<br>VENTURA CA 93003-1651<br>Phone: (805) 652-6100<br>Fax: (805) 652-3252 |                   |                  |



| Provider Specialty / Provder Name                        | Primary Address           | Secondary Address                   | Tertiary Address |
|--|---------------------------|-------------------------------------|------------------|
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER    |                           |                                     |                  |
| DICKSTEIN (VCMC),SHERYL                                  | 300 HILLMONT AVE BLDG 340 | #201                                |                  |
| Availability: OPEN TO EXISTING                           | VENTURA CA 93003-3099     |                                     |                  |
| Board Certified: YES                                     | Phone: (805) 652-6100     |                                     |                  |
| Language(s):   | Fax: (805) 652-3252       |                                     |                  |
| Gender Affirming Care: No                                |                           |                                     |                  |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER    |                           |                                     |                  |
| FLOM (VCMC),SHEILA                                       | 1227 E LOS ANGELES AVE    |                                     |                  |
| Availability: OPEN                                       | SIMI VALLEY CA 93065-2871 |                                     |                  |
| Board Certified: YES                                     | Phone: (805) 582-4000     |                                     |                  |
| Language(s): SPANISH                                     | Fax: (805) 579-6082       |                                     |                  |
| Gender Affirming Care: No                                |                           |                                     |                  |
| Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC |                           |                                     |                  |
| FRANCKE (VCMC),WENDY                                     | 133 W SANTA CLARA ST      | 300 HILLMONT AVE BLDG 340 ST<br>201 | E                |
| Availability: OPEN TO EXISTING                           | VENTURA CA 93001-2543     | VENTURA CA 93003                    |                  |
| Board Certified: YES                                     | Phone: (805) 641-5600     | (805) 652-6100                      |                  |
| Language(s): SPANISH                                     | Fax: (805) 641-5677       | (805) 652-3252                      |                  |
| Gender Affirming Care: No                                |                           |                                     |                  |
| Group Affiliation: WEST VENTURA<br>MEDICAL CLINIC        |                           |                                     |                  |



-

| Provider Specialty / Provder Name   |                | Primary Address   | Secondary Address | Tertiary Address |
|---|----------------|---|-------------------|------------------|
| GAREYS (VCMC),LYUDMYLA<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): RUSSIAN<br>Gender Affirming Care: No<br>Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC                             | Phone:<br>Fax: | 1227 E LOS ANGELES AVE<br>SIMI VALLEY CA 93065-2871<br>(805) 582-4000<br>(805) 579-6082     |                   |                  |
| HEDICAL CLINIC<br>HELMER (VCMC) JR, JAMES<br>Availability: OPEN TO EXISTING<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER | Phone:         | 300 HILLMONT AVE BLDG 340 #201<br>VENTURA CA 93003-3099<br>(805) 652-6100<br>(805) 652-3252 |                   |                  |
| JONES (VCMC),AMY<br>Availability: OPEN<br>Board Certified: 847909<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: MOORPARK FAMILY<br>MEDICAL CLINIC  | Phone:         | 612 SPRING RD BLDG A<br>MOORPARK CA 93021-1820<br>(805) 523-5400<br>(805) 523-2233          |                   |                  |
| KARRA (VCMC),ANNAPURNA<br>Availability: OPEN<br>Board Certified: YES  |                | 612 SPRING RD BLDG A<br>MOORPARK CA 93021-1298<br>(805) 523-5400                            |                   |                  |



| Provider Specialty / Provder Name  | Primary Address  | Secondary Address | Tertiary Address |
|--|--|-------------------|------------------|
| Language(s): <b>SPANISH</b><br>Gender Affirming Care: <b>No</b><br>Group Affiliation: MOORPARK FAMILY<br>MEDICAL CLINIC  | Fax: <b>(805) 523-2233</b>   |                   |                  |
| KHAN (VCMC),TIPU V<br>Availability: OPEN<br>Board Certified: 971621<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER        | 300 HILLMONT AVE BLDG 340 #201<br>VENTURA CA 93003-3099<br>Phone: (805) 652-6100<br>Fax: (805) 652-3252            |                   |                  |
| KROENING (VCMC), EMILY<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP | 125 W THOUSAND OAKS BLVD STE<br>300<br>THOUSAND OAKS CA 91360-4460<br>Phone: (805) 418-9100<br>Fax: (805) 370-0619 |                   |                  |
| LAMBING (VCMC), CHERYL<br>Availability: OPEN TO EXISTING<br>Board Certified: YES<br>Language(s):<br>Gender Affirming Care: No  | 300 HILLMONT AVE BLDG 340 #201<br>VENTURA CA 93003-3099<br>Phone: (805) 652-6100<br>Fax: (805) 652-3252            |                   |                  |



| Provider Specialty / Provder Name   | Primary Address  | Secondary Address | Tertiary Address |
|---|--|-------------------|------------------|
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER   |  |                   |                  |
| LEVIN (VCMC),ANA A<br>Availability: OPEN<br>Board Certified: 1213854<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: SANTA PAULA WEST                      | 254 W HARVARD BLVD STE B<br>SANTA PAULA CA 93060<br>Phone: (805) 229-0200<br>Fax: (805) 921-1766     |                   |                  |
| MILLER (VCMC), JEFFREY<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: LAS POSAS FAMILY<br>MEDICAL GROUP     | 3801 LAS POSAS RD STE 214<br>CAMARILLO CA 93010-1426<br>Phone: (805) 437-0900<br>Fax: (805) 987-2878 |                   |                  |
| MUELLER (VCMC),KHRISTINA M<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: MOORPARK FAMILY<br>MEDICAL CLINIC | 612 SPRING RD BLDG A<br>MOORPARK CA 93021-1820<br>Phone: (805) 523-5400<br>Fax: (805) 523-2233       |                   |                  |
| O'BRYAN-BECERRA (VCMC),CARLOS   | 300 HILLMONT AVE BLDG 340 ST<br>201  | E                 |                  |



| Provider Specialty / Provder Name  | Primary Address   | Secondary Address  | Tertiary Address |
|--|---|--|------------------|
| Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: ACADEMIC FAMILY<br>MEDICAL CENTER                                    | VENTURA CA 93003<br>Phone: (805) 652-6100<br>Fax: (805) 652-3252                                      |  |                  |
| PATTERSON (VCMC),STANLEY<br>Availability: OPEN TO EXISTING<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: MAGNOLIA WEST                | 2220 E GONZALES RD STE 120A-B<br>OXNARD CA 93036-8210<br>Phone: (805) 981-5151<br>Fax: (805) 981-5150 |  |                  |
| PHANG (VCMC),SAMUEL K<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): MANDARIN<br>Gender Affirming Care: No<br>Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP<br>NORTH | 2400 S C ST<br>OXNARD CA 93033-0000<br>Phone: (805) 240-7000<br>Fax: (805) 486-0396                   |  |                  |
| RAMIREZ (VCMC),CARMEN<br>Availability: OPEN<br>Board Certified: YES<br>Language(s):  | 2400 SOUTH C ST<br>OXNARD CA 93033-4555<br>Phone: (805) 240-7000<br>Fax: (805) 486-0396               | 325 W CHANNEL ISLANDS BLVD<br>OXNARD CA 93033-4501<br>(805) 204-9500<br>(805) 240-2128 |                  |



| Provider Specialty / Provder Name  | Primary Address   | Secondary Address | Tertiary Address |
|--|---|-------------------|------------------|
| Gender Affirming Care: <b>No</b><br>Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP<br>NORTH  |   |                   |                  |
| SENDAYDIEGO (VCMC),CATHERINE A<br>Availability: OPEN<br>Board Certified: YES<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: LAS ISLAS FAMILY<br>MEDICAL GROUP<br>NORTH | 2400 SOUTH C ST<br>OXNARD CA 93033-4555<br>Phone: (805) 240-7000<br>Fax: (805) 486-0396               |                   |                  |
| SERRANO (VCMC),VLADIMIR A<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: MAGNOLIA WEST                           | 2220 E GONZALES RD STE 120A-B<br>OXNARD CA 93036-3707<br>Phone: (805) 981-5151<br>Fax: (805) 981-5325 |                   |                  |
| SOLINAS (VCMC),LISA<br>Availability: OPEN<br>Board Certified: 283302<br>Language(s): SPANISH<br>Gender Affirming Care: No  | 845 N TENTH ST STE 3<br>SANTA PAULA CA 93060<br>Phone: (805) 525-0215<br>Fax: (805) 525-8031          |                   |                  |



| Provider Specialty / Provder Name   | Primary Address   | Secondary Address                    | Tertiary Address |
|---|---|--------------------------------------|------------------|
| Group Affiliation: SANTA PAULA<br>HOSPITAL CLINIC<br>(FQHC)   |   |                                      |                  |
| SPORTELLI (VCMC),MARISA<br>Availability: OPEN<br>Board Certified: 639424<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC | 1227 E LOS ANGELES AVE<br>SIMI VALLEY CA 93065-2871<br>Phone: (805) 582-4000<br>Fax: (805) 579-6082 |                                      |                  |
| WISNIEWSKI(VCMC), DANIELLE  | 254 W HARVARD BLVD STE B  | 300 HILLMONT AVE BLDG 340 STE<br>502 |                  |
| Availability: OPEN  | SANTA PAULA CA 93060-3920   | VENTURA CA 93003                     |                  |
| Board Certified: 1170754  | Phone: (805) 229-0200   | (805) 652-6524                       |                  |
| Language(s): SPANISH  | Fax: (805) 921-1766   | (805) 652-5983                       |                  |
| Gender Affirming Care: No   |   |                                      |                  |
| Group Affiliation: SANTA PAULA WEST   |   |                                      |                  |
| ZWOLAK (VCMC),ZACHARY   | 300 HILLMONT AVE BLDG 340 #201  |                                      |                  |
| Availability: OPEN  | VENTURA CA 93003-3099   |                                      |                  |
| Board Certified: 999651   | Phone: (805) 652-6100   |                                      |                  |
| Language(s): FRENCH<br>Gender Affirming Care: No  | Fax: (805) 652-3252   |                                      |                  |
| Group Affiliation: ACADEMIC FAMILY<br>MEDICINE CENTER   |   |                                      |                  |



| Provider Specialty / Provder Name                                |        | Primary Address                      | Secondary Address | Tertiary Address |
|--|--------|--------------------------------------|-------------------|------------------|
|  |        |                                      |                   |                  |
| PEDIATRICS   |        |                                      |                   |                  |
| AL KURAISHI (VCMC),MAYCE   |        | 300 HILLMONT AVE BLDG 340 STE<br>302 |                   |                  |
| Availability: OPEN   |        | VENTURA CA 93036                     |                   |                  |
| Board Certified: YES   | Phone: | (805) 604-4588                       |                   |                  |
| Language(s): FRENCH  | Fax:   | (805) 604-7469                       |                   |                  |
| Gender Affirming Care: No  |        |                                      |                   |                  |
| Group Affiliation: PEDIATRIC<br>DIAGNOSTIC CENTER                |        |                                      |                   |                  |
| ARIZMENDI (VCMC),MARIA   |        | 2000 OUTLET CENTER DR STE 110        |                   |                  |
| Availability: OPEN TO EXISTING                                   |        | OXNARD CA 93036-0608                 |                   |                  |
| Board Certified: YES   | Phone: | (805) 604-4588                       |                   |                  |
| Language(s): SPANISH   | Fax:   | (805) 604-7469                       |                   |                  |
| Gender Affirming Care: No  |        |                                      |                   |                  |
| Group Affiliation: MANDALAY BAY<br>WOMEN &<br>CHILDREN'S MEDICAL |        |                                      |                   |                  |
| DAY-SCARINCI (VCMC),MORAG  |        | 1227 E LOS ANGELES AVE               |                   |                  |
| Availability: OPEN   |        | SIMI VALLEY CA 93065-2871            |                   |                  |
| Board Certified: YES   | Phone: | (805) 582-4000                       |                   |                  |
| Language(s): SPANISH   | Fax:   | (805) 579-6082                       |                   |                  |
| Gender Affirming Care: No  |        |                                      |                   |                  |
| Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC         |        |                                      |                   |                  |



-

| Provider Specialty / Provder Name   | Primary Address           | Secondary Address | Tertiary Address |
|---|---------------------------|-------------------|------------------|
| DEFOREST,IMELDA<br>Availability: OPEN<br>Board Certified: NO<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUT<br>VENTURA CO   |                           |                   |                  |
| DEKKERS,ROBERT J<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO |                           | 1                 |                  |
| DILLY, JOO-HYE P<br>Availability: OPEN<br>Board Certified: 1287459<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO     |                           |                   |                  |
| GARCIA (VCMC),SONYA   | 2000 OUTLET CENTER DR STE | E 110             |                  |



| Provider Specialty / Provder Name   | Primary Address  | Secondary Address   | Tertiary Address  |
|---|--|---|---|
| Availability: OPEN<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: MANDALAY BAY<br>WOMEN &<br>CHILDREN'S MEDICAL             | OXNARD CA 93036-0608<br>Phone: (805) 604-4588<br>Fax: (805) 604-7469   |   |   |
| HARNEY (VCMC),REIS Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: PEDIATRIC DIAGNOSTIC CENTER                                | 300 HILLMONT AVE BLDG 340 STE<br>302<br>VENTURA CA 93003-3099<br>Phone: (805) 652-6255<br>Fax: (805) 641-4494      |   |   |
| JIANG (VCMC),KEYI<br>Availability: OPEN<br>Board Certified: 1004898<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: CONEJO VALLEY<br>FAMILY MEDICAL<br>GROUP | 125 W THOUSAND OAKS BLVD STE<br>300<br>THOUSAND OAKS CA 91360-4460<br>Phone: (805) 418-9100<br>Fax: (805) 370-0619 | 2000 OUTLET CENTER DR STE<br>OXNARD CA 93036-0608<br>(805) 604-4588<br>(805) 604-7469 | E 110   |
| KRISHNANKUTTY (VCMC),REKHA<br>Availability: OPEN  | 1227 E LOS ANGELES AVE<br>SIMI VALLEY CA 93065-2871  |   | /PRODUCTION/CREDENTIALING/PROVIDER ROST<br>port Name: Primary Care Physician Roster (DHMI |



| Provider Specialty / Provder Name                                | Primary Address                | Secondary Address | Tertiary Address                                  |
|--|--------------------------------|-------------------|---|
| Board Certified: YES   | Phone: (805) 582-4000          |                   |   |
| Language(s):   | Fax: (805) 579-6082            |                   |   |
| Gender Affirming Care: <b>No</b>                                 | Fdx. (805) 579-6082            |                   |   |
| Group Affiliation: SIERRA VISTA FAMILY                           |                                |                   |   |
| MEDICAL CLINIC   |                                |                   |   |
| LU (VCMC),DANIEL M   | 2000 OUTLET CENTER DR STE 110  |                   |   |
| Availability: OPEN   | OXNARD CA 93036-0608           |                   |   |
| Board Certified: YES   | Phone: (805) 604-4588          |                   |   |
| Language(s): SPANISH   | Fax: (805) 604-7469            |                   |   |
| Gender Affirming Care: No  |                                |                   |   |
| Group Affiliation: MANDALAY BAY<br>WOMEN &<br>CHILDREN'S MEDICAL |                                |                   |   |
| NARIAI (VCMC),SHIORI   | 2000 OUTLET CENTER DR STE 110  |                   |   |
| Availability: OPEN   | OXNARD CA 93036-0607           |                   |   |
| Board Certified: YES   | Phone: (805) 604-4588          |                   |   |
| Language(s): JAPANESE  | Fax: (805) 604-7469            |                   |   |
| Gender Affirming Care: No  |                                |                   |   |
| Group Affiliation: MANDALAY BAY<br>WOMEN &<br>CHILDREN'S MEDICAL |                                |                   |   |
| NIAZI (VCMC),SUHAD   | 300 HILLMONT AVE BLDG 340 #302 |                   |   |
| Availability: OPEN   | VENTURA CA 93003-3099          |                   |   |
| Board Certified: YES   | Phone: (805) 652-6255          |                   |   |
| Language(s):   | Fax: (805) 641-4494            |                   |   |
|  |                                | L                 | ocation: /PRODUCTION/CREDENTIALING/PROVIDER ROSTE |



| Provider Specialty / Provder Name   | Prim | ary Address | Secondary Address | Tertiary Address |
|---|------|-------------|-------------------|------------------|
| Gender Affirming Care: <b>No</b><br>Group Affiliation: PEDIATRIC<br>DIAGNOSTIC CENTER   |      |             |                   |                  |
| RINGNES (VCMC),JENNY<br>Availability: OPEN<br>Board Certified: YES<br>Language(s): NORWEGIAN<br>Gender Affirming Care: No<br>Group Affiliation: SIERRA VISTA FAMILY<br>MEDICAL CLINIC |      |             |                   |                  |
| RUIZ (VCMC),MELISSA<br>Availability: CLOSED<br>Board Certified: YES<br>Language(s): SPANISH<br>Gender Affirming Care: No<br>Group Affiliation: PEDIATRIC<br>DIAGNOSTIC CENTER         |      |             |                   |                  |
| SHARMA,NEHA<br>Availability: OPEN<br>Board Certified: 1287665<br>Language(s):<br>Gender Affirming Care: No<br>Group Affiliation: DIGNITY HEALTH<br>MEDICAL GROUP<br>VENTURA CO        |      |             |                   |                  |



| rovider Specialty / Provder Name                                 | Primary Address                      | Secondary Address | Tertiary Address |
|--|--------------------------------------|-------------------|------------------|
|  |                                      |                   |                  |
| TRAN (VCMC),HANG   | 300 HILLMONT AVE BLDG 340 STE<br>302 |                   |                  |
| Availability: OPEN   | VENTURA CA 93003                     |                   |                  |
| Board Certified: YES   | Phone: (805) 652-6255                |                   |                  |
| Language(s): VIETNAMESE  | Fax: (805) 641-4494                  |                   |                  |
| Gender Affirming Care: No  |                                      |                   |                  |
| Group Affiliation: PEDIATRIC<br>DIAGNOSTIC CENTER                |                                      |                   |                  |
| UNDERWOOD (VCMC),SHIRLEY L                                       | 2000 OUTLET CTR DR STE 110           |                   |                  |
| Availability: OPEN   | OXNARD CA 93036-0607                 |                   |                  |
| Board Certified: 1035012   | Phone: (805) 604-4588                |                   |                  |
| Language(s):   | Fax: (805) 604-7469                  |                   |                  |
| Gender Affirming Care: No  |                                      |                   |                  |
| Group Affiliation: MANDALAY BAY<br>WOMEN &<br>CHILDREN'S MEDICAL |                                      |                   |                  |