

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ACUPUNCTURE

ACUHOPE ACUPUNCTURE - 888925

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 750 W GONZALES RD STE 260, OXNARD, CA 93036 | (805) 200-2388 | (866) 426-6093 |

ALLERGY & IMMUNOLOGY

CHOPRA,PREETI - 280561

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|---------------------|---|----------------|----------------|
| PUNJABI OFFICE 1 | 5720 RALSTON ST STE 205, VENTURA, CA 93003-2938 | (805) 658-9500 | (805) 658-9501 |

GIANOS,MARY E - 280450

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3901 LAS POSAS RD STE 203, CAMARILLO CA, CA 93010-1505 | (805) 482-5518 | (805) 445-9543 |

LANDON,CHRIS - 280546

Group Affiliation: PEDIATRIC DIAGNOSTIC CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|---------------------|--|----------------|----------------|
| SPANISH OFFICE 1 | 300 HILLMONT AVE BLDG 340 #302, VENTURA, CA 93003-3099 | (805) 652-6255 | (805) 641-4494 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PORCH-CURREN,CRISTINA - 280481

Group Affiliation: COASTAL ALLERGY CARE

Language(s):

| | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| SPANISH | OFFICE 1 | 2412 N PONDEROSA DR STE B111, CAMARILLO, CA 93010-2379 | (805) 482-8989 | (805) 987-2855 |
| ITALIAN | OFFICE 2 | 430 E AVENIDA DE LOS ARBOLES STE 203, THOUSAND OAKS, CA 91360-3017 | (805) 493-1537 | (805) 987-2855 |
| | OFFICE 3 | 1687 ERRINGER RD STE 108, SIMI VALLEY, CA 93065-6509 | (805) 581-6482 | (805) 987-2855 |

VERMA,PRASHANT - 280392

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 5720 RALSTON ST STE 205, VENTURA, CA 93003-2938 | (805) 658-9500 | (805) 658-9501 |

VERMA,SANJIV - 280072

Group Affiliation:

Language(s):

| | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| HINDI | OFFICE 1 | 5720 RALSTON ST STE 205, VENTURA, CA 93003-2938 | (805) 658-9500 | (805) 658-9501 |
| PUNJABI | OFFICE 2 | 451 W GONZALES RD STE 150, OXNARD, CA 93030-0723 | (805) 983-0771 | (805) 983-6139 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

AUDIOLOGY

HEARX WEST - 880023

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3003 LOMA VISTA RD STE C, VENTURA, CA 93003-2935 | (805) 648-1685 | (805) 648-6352 |
| OFFICE 2 | 1211 MARICOPA WAY STE 109, OJAI, CA 93023-3159 | (805) 646-4520 | (805) 648-6352 |
| OFFICE 3 | 123 HODENCAMP RD STE 104, THOUSAND OAKS, CA 91360-5833 | (805) 496-1474 | (805) 497-0712 |

NELSON AUDIOLOGY - 888908

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1320 MARICOPA HIGHWAY STE B, OJAI, CA 93023 | (805) 633-9063 | (805) 633-9068 |
| OFFICE 2 | 2674 E MAIN ST STE I, VENTURA, CA 93003 | (805) 653-7333 | (805) 653-6907 |

WEST COAST HEARING & BALANCE CTR - 880280

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 460, OXNARD, CA 93030-7657 | (805) 983-4214 | (805) 983-0463 |
| OFFICE 2 | 2438 PONDEROSA DR STE C-110, CAMARILLO, CA 93010-2466 | (805) 484-5951 | (805) 484-9044 |
| OFFICE 3 | 301 S MOORPARK RD, THOUSAND OAKS, CA 91361-1008 | (805) 379-0824 | (805) 379-0611 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BARIATRIC MEDICINE

FLAMING,DANIEL T - 281251

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2486 N PONDEROSA DR STE D114, CAMARILLO, CA 93010 | (805) 850-3238 | (805) 910-3733 |

CARDIAC ELECTROPHYSIOLOGY

SOVARI,ALI - 280982

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE C, OXNARD, CA 93030-0190 | (805) 983-0922 | (805) 983-1997 |

YORUK,AYHAN - 281271

Group Affiliation: DIGNITY HEALTH MED GRP-VENTURA COUNTY

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 350, OXNARD, CA 93030-7627 | (805) 200-3225 | (805) 200-3230 |

CARDIOVASCULAR DISEASES

ABDI-MORADI,SOHAIL - 281029

Group Affiliation: CARDIOLOGY CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 502, VENTURA, CA 93003-3099 | (805) 652-5787 | (805) 652-5983 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | |
|----------|---|----------------|----------------|
| OFFICE 2 | 3801 LAS POSAS RD STE 214, CAMARILLO, CA 93010-1426 | (805) 437-0900 | (805) 987-2878 |
| OFFICE 3 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5161 | (805) 981-5160 |
| OFFICE 4 | 845 N TENTH ST STE 3, SANTA PAULA, CA 93060-1348 | (805) 525-0215 | (805) 525-8031 |
| OFFICE 5 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065-2871 | (805) 582-4000 | (805) 582-3380 |

DAVE,KHAMAJ - 280260

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE C, OXNARD, CA 93030-0191 | (805) 983-0922 | (805) 604-0372 |
| OFFICE 2 | 400 CAMARILLO RANCH RD STE 205, CAMARILLO, CA 93012-5903 | (805) 384-9313 | (805) 384-9493 |

DHARAWAT,AMITA - 281027

Group Affiliation: CARDIOLOGY CLINIC

Language(s):

| HINDI | | | |
|----------|---|----------------|----------------|
| GUJARATI | | | |
| Office # | Street: | Phone: | Fax: |
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 502, VENTURA, CA 93003-3099 | (805) 652-5787 | (805) 652-5983 |
| OFFICE 2 | 3801 LAS POSAS RD STE 214, CAMARILLO, CA 93010-1426 | (805) 437-0900 | (805) 987-2878 |
| OFFICE 3 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5151 | (805) 981-5150 |

EYVAZIAN,VAUGHN - 281207

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE C, OXNARD, CA 93030 | (805) 983-0922 | (805) 983-1997 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FATEMI,OMID - 281097

Group Affiliation: CARDIOLOGY ASSOCIATES MEDICAL GROUP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 100 N BRENT ST STE 301, VENTURA , CA 93003 | (805) 653-0101 | (805) 641-0434 |

KONG JR,THOMAS Q - 280277

Group Affiliation: DIGNITY HEALTH MED GRP-VENTURA COUNTY

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 350, OXNARD, CA 93030-7627 | (805) 200-3225 | (805) 200-3230 |

NITZEL,CORY - 281044

Group Affiliation: CARDIOLOGY CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 502, VENTURA, CA 93003-1651 | (805) 652-5787 | (805) 652-5983 |
| OFFICE 2 | 3801 LAS POSAS RD STE 214, CAMARILLO, CA 93010-1426 | (805) 437-0900 | (805) 987-2878 |
| OFFICE 3 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5161 | (805) 981-5160 |

OBED,ESAM M - 280261

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE C, OXNARD, CA 93030-0191 | (805) 983-0922 | (805) 604-0372 |
| OFFICE 2 | 400 CAMARILLO RANCH RD STE 205, CAMARILLO, CA 93012-5903 | (805) 384-9313 | (805) 384-9493 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OLSON, KRISTOFF A - 281084

Group Affiliation: CARDIOLOGY CLINIC

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 502, VENTURA, CA 93003-1651 | (805) 652-5787 | (805) 652-5983 |
| OFFICE 2 | 3801 LAS POSAS RD STE 214, CAMARILLO, CA 93010-1426 | (805) 437-0900 | (805) 987-2878 |
| OFFICE 3 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5161 | (805) 981-5160 |

ROTHSCHILD, RICHARD - 280262

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE C, OXNARD, CA 93030-0191 | (805) 983-0922 | (805) 604-0372 |
| OFFICE 2 | 400 CAMARILLO RANCH RD STE 205, CAMARILLO, CA 93012-5903 | (805) 384-9313 | (805) 384-9493 |

SCHMIDT, DAVID E - 280263

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE C, OXNARD, CA 93030-0191 | (805) 983-0922 | (805) 604-0372 |
| OFFICE 2 | 400 CAMARILLO RANCH RD STE 205, CAMARILLO, CA 93012-5903 | (805) 384-9313 | (805) 384-9493 |

SINGH, KARAN - 281258

Group Affiliation: OXNARD CARDIOVASCULAR AND MEDICAL GROUP

Language(s):

PANJABI

| Office # | Street: | Phone: | Fax: |
|----------|-------------------------------------|----------------|----------------|
| OFFICE 1 | 915 W 7TH ST, OXNARD, CA 93030-6755 | (805) 486-1601 | (805) 487-1094 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

WANG,FAN-PING - 280264

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

| CHINESE | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| | OFFICE 1 | 2241 WANKEL WAY STE C, OXNARD, CA 93030-0191 | (805) 983-0922 | (805) 604-0372 |
| | OFFICE 2 | 400 CAMARILLO RANCH RD STE 205, CAMARILLO, CA 93012-5903 | (805) 384-9313 | (805) 384-9493 |

ZAGER,SCOTT - 280265

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

| SPANISH | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| | OFFICE 1 | 2241 WANKEL WAY STE C, OXNARD, CA 93030-0191 | (805) 983-0922 | (805) 604-0372 |
| | OFFICE 2 | 400 CAMARILLO RANCH RD STE 205, CAMARILLO, CA 93012-5903 | (805) 384-9313 | (805) 384-9493 |

CARDIOVASCULAR SURGERY

BUSHNELL,LAMAR J - 250120

Group Affiliation: CALIF CARDIOVASCULAR & THORACIC SURGEONS

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 168 N BRENT ST STE 508, VENTURA, CA 93003-2840 | (805) 643-2375 | (805) 643-3511 |

KOTOYAN,RAFFI A - 281261

Group Affiliation: SOLTERO & YASUDA ASSOCIATES

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|---|----------------|----------------|
| | OFFICE 1 | 1700 N ROSE AVE STE 135, OXNARD, CA 93030 | (818) 993-4471 | (818) 993-7565 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SOLTERO, MICHAEL J - 281260

Group Affiliation: SOLTERO & YASUDA ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 135, OXNARD, CA 93030 | (818) 993-4471 | (805) 993-7565 |

YASUDA, RODERICK K - 281259

Group Affiliation: SOLTERO & YASUDA ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 135, OXNARD, CA 93030 | (818) 993-4471 | (818) 993-7565 |

CHIROPRACTIC

AUDA, LARRY R - 280454

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 789 S VICTORIA AVE STE 206, VENTURA, CA 93003-9078 | (805) 644-3629 | (805) 644-8720 |

DERMATOLOGY

DHARIA, RAHIL - 281241

Group Affiliation: PACIFIC CENTER FOR DERMATOLOGY

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2460 N PONDEROSA DR STE A117, CAMARILLO, CA 93010 | (805) 484-2855 | (805) 389-1245 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

DU,LINGYUN - 281237

Group Affiliation: CALIFORNIA SKIN INSITUTE MEDICAL GROUP

Language(s):

| | Office # | Street: | Phone: | Fax: |
|----------|----------|---|----------------|----------------|
| JAPANESE | OFFICE 1 | 2438 N PONDEROSA DR STE C105, CAMARILLO, CA 93010 | (805) 388-2068 | (805) 484-7700 |
| CHINESE | OFFICE 2 | 1700 N ROSE AVE STE 450, OXNARD, CA 93030-7625 | (805) 201-7150 | (805) 278-0137 |

FRANCIS,SHANI - 281190

Group Affiliation: CALIFORNIA SKIN INSITUTE MEDICAL GROUP

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|---|----------------|----------------|
| | OFFICE 1 | 1700 N ROSE AVE STE 450, OXNARD, CA 93030-7626 | (805) 201-7150 | (805) 278-0137 |
| | OFFICE 2 | 2438 N PONDEROSA DR STE C105, CAMARILLO, CA 93010 | (805) 388-2068 | (805) 484-7700 |

LYNN,RIKK N - 280411

Group Affiliation: MEDICINE SPECIALTY CENTER WEST

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 #502, VENTURA, CA 93003-0000 | (805) 652-6222 | (805) 652-6221 |
| | OFFICE 2 | 325 W CHANNEL ISLANDS BLVD, OXNARD, CA 93033-4501 | (805) 204-9500 | (805) 240-2128 |
| | OFFICE 3 | 612 SPRING RD STE A, MOORPARK, CA 93021-1298 | (805) 523-5400 | (805) 523-2233 |

REDDY,SHIVANI - 281198

Group Affiliation: CALIFORNIA SKIN INSITUTE MEDICAL GROUP

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 2438 N PONDEROSA DR STE C105, CAMARILLO, CA 93010-2465 | (805) 388-2068 | (805) 484-7700 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | |
|----------|--|----------------|----------------|
| OFFICE 2 | 1700 N ROSE AVE STE 450, OXNARD, CA 93030-7626 | (805) 201-7150 | (805) 278-0137 |
| OFFICE 3 | 425 HAALAND DR STE 204, THOUSAND OAKS, CA 91361-5231 | (805) 497-8080 | (805) 497-8806 |

SIMONI,AZITA - 281161

Group Affiliation: CALIFORNIA SKIN INSITUTE MEDICAL GROUP

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| PERSIAN | Office # | Street: | Phone: | Fax: |
| FARSI | OFFICE 1 | 425 HAALAND DR STE 204, THOUSAND OAKS, CA 91361-5231 | (805) 497-8080 | (805) 497-8806 |

ENDOCRINOLOGY

FOGELFELD,LEON - 281254

Group Affiliation: MEDICINE SPECIALTY CENTER WEST

Language(s):

| | | | | |
|---------|-----------------|---|----------------|----------------|
| ITALIAN | Office # | Street: | Phone: | Fax: |
| HEBREW | OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 502, VENTURA, CA 93003-1651 | (805) 652-6222 | (805) 652-6221 |
| | OFFICE 2 | 125 W THOUSAND OAKS BLVD STE 300, THOUSAND OAKS, CA 91360 | (805) 418-9100 | (805) 370-0619 |

PINZONE,JOSEPH J - 280509

Group Affiliation: MAGNOLIA FAMILY MEDICAL CLINIC

Language(s):

| | | | | |
|--|-----------------|--|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8210 | (805) 981-5161 | (805) 981-5325 |
| | OFFICE 2 | 125 W THOUSAND OAKS BL STE 300, THOUSAND OAKS, CA 91360-4460 | (805) 418-9100 | (805) 670-0619 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SHAH,NISSAR - 280510

Group Affiliation: MEDICINE SPECIALTY CENTER WEST

Language(s):

HINDI

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 304 STE 502, VENTURA, CA 93065-2871 | (805) 652-6222 | (805) 652-6221 |
| OFFICE 2 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065-2871 | (805) 582-4000 | (805) 582-3380 |

FAMILY PLANNING

PLANNED PARENTHOOD - 880149

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 5400 RALSTON ST, VENTURA, CA 93003-6002 | (805) 658-3230 | (805) 644-1201 |

GASTROENTEROLOGY

ALPERN,JOEL A - 280447

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 948-1505 |

AMEER,ADNAN - 281232

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 168 N BRENT STREET STE 404, VENTURA, CA 93003 | (805) 641-6525 | (805) 641-6530 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ENJAMURI, RUKMINI - 281256

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE A, OXNARD, CA 93030-0191 | (805) 983-0521 | (805) 983-4186 |
| OFFICE 2 | 4005 MISSION OAKS BLVD UNIT A, CAMARILLO, CA 93012 | (805) 484-7921 | (805) 983-4186 |

GONDHA, CHETAN - 280383

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 948-1505 |

GUAN, JAY J - 281176

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE A, OXNARD, CA 93030 | (805) 484-7921 | (805) 388-5404 |

LYCHE, KIP D - 280375

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 948-1505 |
| OFFICE 2 | 1901 SOLAR DR STE 205, OXNARD, CA 93036-0632 | (805) 641-6525 | (805) 948-1505 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MARASIGAN,JUSTIN - 281146

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE A, OXNARD, CA 93030-0191 | (805) 983-0521 | (805) 485-1484 |
| OFFICE 2 | 4005 MISSION OAKS RD UNIT A, CAMARILLO, CA 93012-5156 | (805) 983-0521 | (805) 485-1484 |

MENZ,CHARLES L - 280380

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 948-1505 |
| OFFICE 2 | 1901 SOLAR DR STE 205, OXNARD, CA 93036-0632 | (805) 641-6525 | (805) 948-1505 |

MILLER,DONALD - 280985

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2241 WANKEL WAY STE A, OXNARD, CA 93030-0191 | (805) 983-0521 | (805) 485-1484 |
| OFFICE 2 | 4005 MISSION OAKS BLVD STE A, CAMARILLO, CA 93012-5156 | (805) 484-7921 | (805) 485-1484 |

NASROLLAH,LAYA - 280551

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 948-1505 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PEDRAZA,BENITO A - 280377

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 948-1505 |
| | OFFICE 2 | 1901 SOLAR DR STE 205, OXNARD, CA 93036-0632 | (805) 641-6525 | (805) 948-1505 |

ROJANY,MICHA - 280064

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| FRENCH | Office # | Street: | Phone: | Fax: |
| SPANISH | OFFICE 1 | 2241 WANKEL WAY STE A, OXNARD, CA 93030-0191 | (805) 983-0521 | (805) 485-1484 |
| | OFFICE 2 | 4005 MISSION OAKS BLVD STE A, CAMARILLO, CA 93012-5156 | (805) 484-7921 | (805) 388-5404 |

SIMON,KAREN - 280336

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

| | | | | |
|--|-----------------|--|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2241 WANKEL WAY STE A, OXNARD, CA 93030-0191 | (805) 983-0521 | (805) 485-1484 |
| | OFFICE 2 | 4005 MISSION OAKS BLVD STE A, CAMARILLO, CA 93012-5156 | (805) 484-7921 | (805) 388-5404 |

UNDERWOOD,SCOTT - 281071

Group Affiliation: MEDICINE SPECIALTY CENTER WEST

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 502, VENTURA, CA 93003-1651 | (805) 652-6222 | (805) 652-6221 |
| | OFFICE 2 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5161 | (805) 981-5160 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GENERAL SURGERY

BABASHOFF,LISA - 280957

Group Affiliation: GENERAL SURGERY MEDICAL GROUP VTA COUNTY

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-3790 | (805) 485-8722 | (805) 485-9311 |
| | OFFICE 2 | 168 N BRENT ST STE 506, VENTURA, CA 93003 | (805) 653-6580 | (805) 653-6687 |
| | OFFICE 3 | 117 PIRIE RD STE E, OJAI, CA 93023 | (805) 485-8722 | (805) 485-9311 |

BARBARO,CASEY - 281028

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| ITALIAN | OFFICE 1 | 300 HILLMONT AVE BLDG 340 #401, VENTURA, CA 93003-3099 | (805) 652-6201 | (805) 641-4416 |

BLICKENSTAFF,KURT L - 281240

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

| | | | | |
|----------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| MANDARIN | OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 201, VENTURA, CA 93003 | (805) 652-6201 | (805) 641-4416 |

BRAND,LISA - 280562

Group Affiliation:

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 4542 LAS POSAS RD STE D, CAMARILLO, CA 93010-2374 | (805) 322-8490 | (805) 586-8066 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BRYANT,TIMOTHY - 280960

Group Affiliation: GENERAL SURGERY MEDICAL GROUP VTA COUNTY

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N. ROSE AVE STE 430, OXNARD, CA 93030-3790 | (805) 485-8722 | (805) 485-9311 |
| OFFICE 2 | 168 N BRENT ST STE 506, VENTURA, CA 93003 | (805) 653-6580 | (805) 653-6687 |

CARDEN,ANTHONY - 281152

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 | (805) 652-6201 | (805) 641-4416 |

DIXON,NEAL P - 280479

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2438 PONDEROSA DR N STE C207, CAMARILLO, CA 93010-2374 | (805) 484-3513 | (805) 367-4151 |

DUNCAN,THOMAS - 281014

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 #401, VENTURA, CA 93003-3099 | (805) 652-6201 | (805) 641-4416 |

EISNER,JOSEPH - 280963

Group Affiliation: GENERAL SURGERY MEDICAL GROUP VTA COUNTY

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

Language(s):

| | Office # | Street: | Phone: | Fax: |
|---------|-----------------|--|----------------|----------------|
| SPANISH | OFFICE 1 | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-3790 | (805) 485-8722 | (805) 485-9311 |
| FRENCH | OFFICE 2 | 168 N BRENT ST STE 506, VENTURA, CA 93003 | (805) 653-6580 | (805) 653-6687 |

JREIJE,KARIM - 281189

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--------|-----------------|--|----------------|----------------|
| ARABIC | OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003 | (805) 652-6201 | (805) 641-4416 |

LOPRESTI,JOSEPH - 280961

Group Affiliation: GENERAL SURGERY MEDICAL GROUP VTA COUNTY

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|-----------------|---|----------------|----------------|
| | OFFICE 1 | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-3790 | (805) 485-8722 | (805) 485-9311 |
| | OFFICE 2 | 2460 N PONDEROSA DR STE A117, CAMARILLO, CA 93010 | (805) 485-8722 | (805) 485-9311 |

MCCARTY,PATRICK - 281082

Group Affiliation: GENERAL SURGERY MEDICAL GROUP VTA COUNTY

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|-----------------|--|----------------|----------------|
| | OFFICE 1 | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-7657 | (805) 485-8722 | (805) 485-9311 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ROMERO,JAVIER - 281095

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 #401, VENTURA, CA 93003-3099 | (805) 652-6201 | (805) 641-4416 |

SALEHPOUR,MICHAEL MOHAMMAD - 280463

Group Affiliation:

Language(s):

| | | | | |
|-------|-----------------|--|----------------|----------------|
| FARSI | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2605 LOMA VISTA RD, VENTURA, CA 93003-1548 | (805) 648-2227 | (805) 648-6706 |

SCHWEITZER,JEREMY - 281017

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-3099 | (805) 652-6201 | (805) 641-4416 |

SHELLITO,ADAM D - 281252

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| | | | | |
|--|-----------------|--|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003 | (805) 652-6201 | (805) 641-4416 |

TUAI,BRIAN - 280959

Group Affiliation: GENERAL SURGERY MEDICAL GROUP VTA COUNTY

Language(s):

| | | | | |
|--------|-----------------|----------------|---------------|-------------|
| KOREAN | Office # | Street: | Phone: | Fax: |
|--------|-----------------|----------------|---------------|-------------|

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | | |
|--------|----------|--|----------------|----------------|
| MANDAR | OFFICE 1 | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-3790 | (805) 485-8722 | (805) 485-9311 |
| | OFFICE 2 | 415 ROLLING OAKS DR STE 220, THOUSAND OAKS, CA 91361 | (805) 485-8722 | (805) 485-9311 |
| | OFFICE 3 | 168 N BRENT ST STE 506, VENTURA, CA 93003 | (805) 653-6580 | (805) 653-6687 |

VAN SANT,LAUREN - 281264

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 | (805) 652-6000 | (805) 648-9561 |

WILLIAMS,MICHAEL - 281018

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 #401, VENTURA, CA 93003-3099 | (805) 652-6201 | (805) 641-4416 |

WU,SAMANTHA - 281202

Group Affiliation: GENERAL SURGERY MEDICAL GROUP VTA COUNTY

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 430, OXNARD, CA 93030 | (805) 485-8722 | (805) 485-9311 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GYNECOLOGY-ONCOLOGY

NARASIMHULU,DEEPA MAHESWARI - 281188

Group Affiliation:

Language(s):

| | Office # | Street: | Phone: | Fax: |
|-------|----------|---|----------------|----------------|
| TAMIL | | | | |
| HINDI | OFFICE 1 | 2900 LOMA VISTA RD STE 205, VENTURA, CA 93003 | (805) 642-4830 | (805) 642-3852 |

HEMATOLOGY-ONCOLOGY

BANTA,WARREN - 280362

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

| | Office # | Street: | Phone: | Fax: |
|---------|----------|---|----------------|----------------|
| SPANISH | | | | |
| | OFFICE 1 | 1851 LOMBARD ST STE 105, OXNARD, CA 93030 | (805) 351-9506 | (805) 351-9505 |

LEE,BYUNG - 280445

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--------|----------|---|----------------|----------------|
| KOREAN | | | | |
| | OFFICE 1 | 1851 LOMARD ST STE 105, OXNARD, CA 93030-8231 | (805) 351-9506 | (805) 351-9605 |

MA,AUSTIN - 280000

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--------|----------|--|----------------|----------------|
| KOREAN | | | | |
| | OFFICE 1 | 1851 LOMBARD ST STE 105, OXNARD, CA 93030-8231 | (805) 351-9506 | (805) 351-9505 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MASIELLO,DAVID P - 280363

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1851 LOMBARD ST STE 105, OXNARD, CA 93030-8231 | (805) 351-9506 | (805) 351-9505 |

NAIK,RAHUL - 281170

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

| | | | | |
|--|-----------------|--|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1851 LOMBARD ST STE 105, OXNARD, CA 93030-8231 | (805) 351-9506 | (805) 351-9505 |

PENG,WARNER - 281174

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1851 LOMBARD ST STE 105, OXNARD, CA 93030 | (805) 351-9506 | (805) 351-9505 |

HIV/AIDS SPECIALISTS

BARGER,MELISSA - 281037

Group Affiliation: MEDICINE SPECIALTY CENTER WEST

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 #502, VENTURA, CA 93003-1651 | (805) 652-6222 | (805) 652-6221 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MUZAFFER,RIFFAT - 280511

Group Affiliation: SIERRA VISTA FAMILY MEDICAL CLINIC

Language(s):

| | Office # | Street: | Phone: | Fax: |
|-------|----------|--|----------------|----------------|
| HINDI | | | | |
| URDU | OFFICE 1 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065-2871 | (805) 582-4000 | (805) 582-3380 |

PRICHARD,JOHN - 280512

Group Affiliation: IMMUNOLOGY CLINIC

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 300 HILLMONT AVE BDLG 340 STE 502, VENTURA, CA 93003-3099 | (805) 652-6524 | (805) 652-5983 |
| | OFFICE 2 | 300 HILLMONT AVE BLDG 340 STE 501, VENTURA , CA 93003-1651 | (805) 652-6218 | (805) 652-6512 |

HOSPITAL

SANTA PAULA HOSPITAL - 880011

Group Affiliation:

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 825 N TENTH ST, SANTA PAULA, CA 93060-1309 | (805) 933-8600 | (805) 933-8676 |

ST JOHN'S HOSPITAL CAMARILLO - 880087

Group Affiliation:

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 2309 ANTONIO AVE, CAMARILLO, CA 93010-1414 | (805) 389-5800 | (805) 383-7446 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ST JOHN'S REGIONAL MEDICAL CENTER - 880088

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1600 N ROSE AVE, OXNARD, CA 93030-3722 | (805) 988-2500 | (805) 981-4418 |

VENTURA COUNTY MEDICAL CENTER - 880003

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE, VENTURA, CA 93003-3099 | (805) 652-6000 | (805) 648-9817 |

HYPERBARIC MEDICINE

BRAND,LISA - 280562

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 4542 LAS POSAS RD STE D, CAMARILLO, CA 93010-2374 | (805) 322-8490 | (805) 586-8066 |

INFECTIOUS DISEASES

BARGER,MELISSA - 281037

Group Affiliation: MEDICINE SPECIALTY CENTER WEST

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 #502, VENTURA, CA 93003-1651 | (805) 652-6222 | (805) 652-6221 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MESHKATY, NESSA - 281032

Group Affiliation: MEDICINE SPECIALTY WEST

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 #502, VENTURA, CA 93003-3099 | (805) 652-6222 | (805) 652-6221 |

MUZAFFER, RIFFAT - 280511

Group Affiliation: SIERRA VISTA FAMILY MEDICAL CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065-2871 | (805) 582-4000 | (805) 582-3380 |

PRICHARD, JOHN - 280512

Group Affiliation: IMMUNOLOGY CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BDLG 340 STE 502, VENTURA, CA 93003-3099 | (805) 652-6524 | (805) 652-5983 |
| OFFICE 2 | 300 HILLMONT AVE BLDG 340 STE 501, VENTURA, CA 93003-1651 | (805) 652-6218 | (805) 652-6512 |

WOLFSOHN, JOSHUA - 280443

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 4000 CALLE TECATE STE 220, CAMARILLO, CA 93012-5289 | (805) 465-7388 | (805) 556-4895 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LABORATORY

QUEST DIAGNOSTICS - 880151

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 957 FAULKNER RD STE 111, SANTA PAULA, CA 93060-9132 | (805) 933-4456 | (805) 525-8108 |
| OFFICE 2 | 3801 LAS POSAS RD STE 208, CAMARILLO, CA 93010-1426 | (805) 389-3260 | (805) 987-0164 |
| OFFICE 3 | 1000 NEWBURK RD STE 125, NEWBURY PARK, CA 91320-6437 | (805) 480-0571 | (805) 498-8642 |
| OFFICE 4 | 1701 NORTH LOMBARD ST STE 106, OXNARD, CA 93030-3836 | (805) 983-0558 | (805) 278-0541 |
| OFFICE 5 | 925 WEST 7TH ST, OXNARD, CA 93030-6757 | (805) 483-8776 | (805) 247-0291 |
| OFFICE 6 | 2991 LOMA VISTA STE 102B, VENTURA , CA 93003-2984 | (805) 648-2761 | (805) 643-0348 |
| OFFICE 7 | 7880 TELEGRAPH RD STE D, VENTURA, CA 93004-1571 | (805) 659-1231 | (805) 659-9747 |

LICENSED SOCIAL WORKER

RYDER,DALE L - 281228

Group Affiliation: THE NEW BEGINNINGS CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 155 GRANADA ST STE N, CAMARILLO, CA 93010 | (805) 987-3162 | (805) 715-4483 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

MARRIAGE/FAMILY COUNSELOR

CHANNING,LILLIAN G - 281227

Group Affiliation: THE NEW BEGINNINGS CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 155 GRANADA ST STE N, CAMARILLO, CA 93010 | (805) 987-3162 | (805) 715-4483 |

FORREY,ALEXIS - 281224

Group Affiliation: THE NEW BEGINNINGS CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 155 GRANADA ST STE N, CAMARILLO, CA 93010-7725 | (805) 987-3162 | (805) 715-4483 |

RICHTER,SUSAN L - 281229

Group Affiliation: THE NEW BEGINNINGS CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 155 GRANADA ST STE N, CAMARILLO, CA 93010-7725 | (805) 987-3162 | (805) 715-4483 |

RUKULE,ANGELA - 281226

Group Affiliation: THE NEW BEGINNINGS CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 155 GRANADA ST STE N, CAMARILLO, CA 93010-7725 | (805) 987-3162 | (805) 715-4483 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SPONDELLO,KELLY - 281225

Group Affiliation: THE NEW BEGINNINGS CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 155 GRANADA ST STE N, CAMARILLO, CA 93010-7725 | (805) 987-3162 | (805) 715-4483 |

MATERNAL FETAL MEDICINE

ROBILIO,PETER - 281073

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2901 N VENTURA RD STE 110, OXNARD, CA 93036-9705 | (805) 981-6163 | (805) 981-6189 |

SCIBETTA,EMILY - 281089

Group Affiliation: MANDALAY BAY WOMEN & CHILDREN'S MEDICAL

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2000 OUTLET CENTER DR STE 110, OXNARD, CA 93036-0608 | (805) 604-4588 | (805) 604-7469 |

NEPHROLOGY

CHANG,SUSAN - 280116

Group Affiliation: RENAL CONSULTANTS OF VENTURA COUNTY

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2438 PONDEROSA DR N STE C101, CAMARILLO, CA 93010-2465 | (805) 383-9727 | (805) 764-0176 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | |
|----------|--|----------------|----------------|
| OFFICE 2 | 1900 OUTLET CENTER DR, OXNARD, CA 93036-0677 | (805) 983-8049 | (805) 983-8076 |
| OFFICE 3 | 2705 LOMA VISTA RD STE 101, VENTURA, CA 93003-1596 | (805) 383-9727 | (805) 764-0176 |

CHIVANGKUL,CHONLADA - 281123

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

THAI

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1200 W GONZALES RD STE 300, OXNARD, CA 93036-3075 | (805) 983-0691 | (805) 981-1643 |

DANA,ALI - 280442

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

FARSI

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1200 W GONZALES RD STE 300, OXNARD, CA 93036-3075 | (805) 983-0691 | (805) 983-8862 |

GANDHI,SAUMIL M - 280434

Group Affiliation: MEDICINE SPECIALTY CENTER WEST

Language(s):

HINDI

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 502, VENTURA, CA 93003-3099 | (805) 652-6222 | (805) 652-6221 |
| OFFICE 2 | 845 N TENTH ST STE 3, SANTA PAULA, CA 93060 | (805) 525-0215 | (805) 525-8031 |

LEDESMA,STEVEN G - 280184

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1200 W GONZALES RD STE 300, OXNARD, CA 93036-3075 | (805) 983-0691 | (805) 981-1643 |
| OFFICE 2 | 242 E HARVARD BLVD, SANTA PAULA, CA 93060-3372 | (805) 983-0691 | (805) 983-8862 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 3 4567 TELEPHONE RD STE 102, VENTURA, CA 93003-5665 (805) 644-6673 (805) 644-5641

LIU,TANE - 280185

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

CHINESE

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1200 W GONZALES RD STE 300, OXNARD, CA 93036-3075 | (805) 983-0691 | (805) 983-8862 |
| OFFICE 2 | 242 E HARVARD BLVD, SANTA PAULA, CA 93060-3372 | (805) 983-0691 | (805) 983-8862 |
| OFFICE 3 | 4567 TELEPHONE RD STE 102, VENTURA, CA 93003-5665 | (805) 644-6673 | (805) 644-5641 |

MAPARA,HASHIM - 280998

Group Affiliation: RENAL CONSULTANTS OF VENTURA COUNTY

Language(s):

HINDI

URDU

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1900 OUTLET CENTER DR, OXNARD, CA 93036-0677 | (805) 383-9727 | (805) 983-8078 |

MAPARA,HASHIM - 281219

Group Affiliation:

Language(s):

HINDI

URDU

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 325 ROLLING OAKS DR STE 130, THOUSAND OAKS , CA 91361 | (805) 497-7775 | (805) 497-7779 |

MORTAZAVI,KOOSHA - 280353

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

FARSI

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1200 W GONZALES RD STE 300, OXNARD, CA 93036-3075 | (805) 983-0691 | (805) 981-1643 |
| OFFICE 2 | 2412 N PONDEROSA DR STE B100, CAMARILLO, CA 93010-2380 | (805) 482-5699 | (805) 987-5956 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

NIRAULA,RAJENDRA P - 280485

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

| | | | | |
|--------|-----------------|---|----------------|----------------|
| NEPALI | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1200 W GONZALES RD STE 300, OXNARD, CA 93030-3075 | (805) 983-0691 | (805) 983-8862 |

SADEGHI,HAMID - 280179

Group Affiliation: CALIFORNIA KIDNEY MEDICAL GRP

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2925 SYCAMORE DR UNIT 160, SIMI VALLEY, CA 93065-1210 | (805) 584-0177 | (805) 584-1179 |

SONBOL,SALAH - 281026

Group Affiliation: CALIFORNIA KIDNEY MEDICAL GRP

Language(s):

| | | | | |
|--------|-----------------|--|----------------|----------------|
| ARABIC | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 227 W JANSS RD STE 100, THOUSAND OAKS, CA 91360-1854 | (805) 496-1266 | (805) 496-8532 |

VERMANI,VIMAL - 280316

Group Affiliation: RENAL CONSULTANTS OF VENTURA COUNTY

Language(s):

| | | | | |
|-------|-----------------|--|----------------|----------------|
| HINDI | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2438 PONDEROSA DR N STE C101, CAMARILLO, CA 93010-2465 | (805) 383-9727 | (805) 764-0176 |
| | OFFICE 2 | 1900 OUTLET CENTER DR, OXNARD, CA 93036-0677 | (805) 983-8049 | (805) 983-8076 |

WONG,CALBERT - 280180

Group Affiliation: RENAL CONSULTANTS OF VENTURA COUNTY

Language(s):

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | | |
|---------|-----------------|--|----------------|----------------|
| CHINESE | Office # | Street: | Phone: | Fax: |
| SPANISH | OFFICE 1 | 2438 PONDEROSA DR N STE C101, CAMARILLO, CA 93010-2465 | (805) 383-9727 | (805) 764-0176 |
| | OFFICE 2 | 1900 OUTLET CENTER DR, OXNARD, CA 93036-1596 | (805) 983-8049 | (805) 983-8076 |
| | OFFICE 3 | 2705 LOMA VISTA RD STE 101, VENTURA, CA 93003-1596 | (805) 383-9727 | (805) 764-0176 |

YAN,JIESHI - 281020

Group Affiliation: SIERRA VISTA FAMILY MEDICAL CLINIC

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| CHINESE | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065-2871 | (805) 582-4000 | (805) 582-3380 |

NEUROLOGY

AMOUSSOU,DELA - 280962

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| | | | | |
|--------|-----------------|---|----------------|----------------|
| FRENCH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 133 W SANTA CLARA ST, VENTURA , CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |

HINER,BRADLEY - 281112

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| | | | | |
|--|-----------------|--|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1700 N ROSE AVE STE 470, OXNARD, CA 93030-7659 | (805) 988-2775 | (805) 278-1220 |
| | OFFICE 2 | 2486 N PONDEROSA DR STE D205, CAMARILLO, CA 93010-2471 | (805) 988-2775 | (805) 278-1220 |

LAN,ERIKA - 281236

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 470, OXNARD, CA 93030-7659 | (805) 988-2775 | (805) 278-1220 |
| OFFICE 2 | 2486 N PONDEROSA DR STE D205, CAMARILLO, CA 93010-2471 | (805) 988-2775 | (805) 278-1220 |

MAAMAR-TAYEB,ALI - 281042

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |

MUTHUKUMARAN,ABI - 280514

Group Affiliation: SIERRA VISTA FAMILY MEDICAL CLINIC

Language(s):

TAMIL

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065-2871 | (805) 582-4000 | (805) 582-3380 |
| OFFICE 2 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |
| OFFICE 3 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5161 | (805) 981-5160 |

NEZHAD,MANI K. - 280559

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

FARSI

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 470, OXNARD, CA 93030-7659 | (805) 988-2775 | (805) 278-1220 |
| OFFICE 2 | 2486 N PONDEROSA DR STE D205, CAMARILLO, CA 93010-2471 | (805) 988-2775 | (805) 278-1220 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

POWELL,RUSSELL T - 280568

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |
| OFFICE 2 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5161 | (805) 981-5160 |

SHEIKH,OMAIR - 281141

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 470, OXNARD, CA 93030-7659 | (805) 988-2775 | (805) 278-1220 |
| OFFICE 2 | 2486 N PONDEROSA DR STE D205, CAMARILLO, CA 93010-2471 | (805) 988-2775 | (805) 278-1220 |

NEUROLOGY, VASCULAR

MIREMADI,BRIAN - 281284

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 470, OXNARD, CA 93030-7659 | (805) 988-2775 | (805) 278-1220 |

TAYLOR (PCCHC),ROBERT - 281168

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 470, OXNARD, CA 93030-7654 | (805) 988-2775 | (805) 278-1220 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 2 2486 N PONDEROSA DR STE D205, CAMARILLO, CA 93010-2471 (805) 988-2775 (805) 278-1220

NEUROPSYCHOLOGY

ROGERS,STEVEN - 281169

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 470, OXNARD, CA 93030 | (805) 988-2775 | (805) 278-1220 |

NEUROSURGERY

ALBERSTONE,CARY - 280196

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 250, OXNARD, CA 93030-7626 | (805) 983-1700 | (805) 983-7144 |

GOYAL,AMIT - 281235

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 470, OXNARD, CA 93030 | (805) 988-2775 | (805) 278-1220 |
| OFFICE 2 | 2486 N PONDEROSA DR STE D205, CAMARILLO, CA 93010-2471 | (805) 988-2775 | (805) 278-1220 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HERMAN,JAMES M - 280516

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-3099 | (805) 648-9830 | (805) 648-9833 |

OH,NATHAN S - 281194

Group Affiliation: ANACAPA NEUROSURGERY (AC)

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003 | (805) 648-9830 | (805) 648-9833 |
| OFFICE 2 | 125 W THOUSAND OAKS BLVD STE 300, THOUSAND OAKS, CA 91360 | (805) 418-9100 | (805) 370-0619 |

ONI-ORISAN (PCCHC),AKINWUNMI - 281167

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 470, OXNARD, CA 93030-7659 | (805) 988-2775 | (805) 278-1220 |
| OFFICE 2 | 2486 N PONDEROSA DR STE D205, CAMARILLO, CA 93010-2471 | (805) 988-2775 | (805) 278-1220 |

OBSTETRICS & GYNECOLOGY

GHIAI-FATEMI,AFSHAN - 280951

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2901 N VENTURA RD STE 110, OXNARD, CA 93036 | (805) 981-6163 | (805) 981-6189 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

GUAN,XIN - 281142

Group Affiliation: ACADEMIC FAMILY MEDICINE CENTER

Language(s):

| | Office # | Street: | Phone: | Fax: |
|----------|----------|---|----------------|----------------|
| SPANISH | | | | |
| MANDARIN | | | | |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 201 202, VENTURA, CA 93003-1651 | (805) 652-6100 | (805) 652-3252 |
| | OFFICE 2 | 2000 OUTLET CENTER DR STE 110, OXNARD, CA 93036-0608 | (805) 604-4588 | (805) 604-7469 |
| | OFFICE 3 | 845 N 10TH ST STE 3, SANTA PAULA, CA 93060-1348 | (805) 525-0215 | (805) 525-8031 |

KELLEY,FREDERICK - 280424

Group Affiliation: ACADEMIC FAMILY MEDICINE CENTER

Language(s):

| | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| SPANISH | | | | |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 #201, VENTURA, CA 93003-3099 | (805) 652-6100 | (805) 652-3252 |
| | OFFICE 2 | 845 N TENTH ST STE 3, SANTA PAULA , CA 93060-1348 | (805) 525-0215 | (805) 525-8031 |

LANTER,PATRICIA - 280999

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|---|----------------|----------------|
| | OFFICE 1 | 2486 N PONDEROSA DR STE D205, CAMARILLO, CA 93010 | (805) 988-7196 | (805) 988-7197 |

LEFKOWITZ,ROBERT - 280414

Group Affiliation: MAGNOLIA FAMILY MEDICAL CENTER

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|---|----------------|----------------|
| | OFFICE 1 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5161 | (805) 981-5160 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 2 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065-2871 (805) 582-4000 (805) 579-6082

MARINE, MICHELLE A - 281249

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| | | | | |
|---------|-----------------|---|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2901 N VENTURA RD STE 110, OXNARD, CA 93036 | (805) 981-6163 | (805) 981-6189 |

MIKHAIL, JENNIFER - 281281

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| | | | | |
|--------|-----------------|--|----------------|----------------|
| FRENCH | Office # | Street: | Phone: | Fax: |
| ARABIC | OFFICE 1 | 2901 N VENTURA RD STE 110, OXNARD, CA 93036-9705 | (805) 981-6163 | (805) 981-6189 |

MONROE, TODD W - 281283

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2901 N VENTURA RD STE 110, OXNARD, CA 93036 | (805) 981-6163 | (805) 981-6189 |

SARAFZADEH, YASMIN - 281282

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2901 N VENTURA RD STE 110, VENTURA, CA 93036 | (805) 981-6163 | (805) 981-6189 |

VEGA, JUAN - 280423

Group Affiliation: ACADEMIC FAMILY MEDICAL CENTER

Language(s):

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 #201, VENTURA, CA 93003-3099 | (805) 652-6100 | (805) 652-3252 |
| | OFFICE 2 | 2000 OUTLET CENTER DR STE 110, OXNARD, CA 93036-0608 | (805) 604-4588 | (805) 604-7469 |
| | OFFICE 3 | 2400 SOUTH C ST, OXNARD, CA 93030 | (805) 240-7000 | (805) 486-0396 |

WATABE,MINAKO - 280384

Group Affiliation: SANTA PAULA HOSPITAL CLINIC

Language(s):

| | | | | |
|----------|-----------------|---|----------------|----------------|
| JAPANESE | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 845 N TENTH ST STE 3, SANTA PAULA, CA 93060-1300 | (805) 525-0215 | (805) 525-8031 |
| | OFFICE 2 | 300 HILLMONT AVE BLDG 340 STE 201, VENTURA, CA 93003-1651 | (805) 652-6100 | (805) 652-3252 |

YUAN,VALERIE - 281085

Group Affiliation: SIERRA VISTA FAMILY MEDICAL CLINIC

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065-2871 | (805) 582-4000 | (805) 579-6082 |
| | OFFICE 2 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5161 | (805) 981-5160 |
| | OFFICE 3 | 300 HILLMONT AVE BLDG 340 STE 201, VENTURA, CA 93003-1651 | (805) 652-6100 | (805) 652-3252 |

OBSTETRICS-FAMILY PRACTITIONER

FRIAS,CARLOS - 280416

Group Affiliation: MANDALAY BAY WOMEN & CHILDREN'S MEDICAL

Language(s):

| | | | | |
|-----------------------|-----------------|--|----------------|----------------|
| SPANISH PORTUGUESE | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2000 OUTLET CENTER DR STE 110, OXNARD, CA 93036-0608 | (805) 604-4588 | (805) 604-7469 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 2 300 HILLMONT AVE BLDG 340 STE 201, VENTURA, CA 93003-1651 (805) 652-6100 (805) 652-3252

GOMEZ, RAMON - 280420

Group Affiliation: SANTA PAULA MEDICAL CLINIC

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|---------------------------------------|----------------|----------------|
| OFFICE 1 | 1334 E MAIN ST, SANTA PAULA, CA 93060 | (805) 933-1122 | (805) 933-0522 |

PAKALA, SHILPA - 280413

Group Affiliation: MAGNOLIA WEST

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2220 E GONZALES RD STE 120A-B, OXNARD, CA 93036-3707 | (805) 981-5151 | (805) 981-5325 |

OCCUPATIONAL THERAPY

CALIFORNIA HAND & PHYSICAL THERAPY - 880951 Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2001 SOLAR DR STE 150, OXNARD, CA 93036-2647 | (805) 604-1924 | (805) 604-0176 |
| OFFICE 2 | 425 LOMBARD ST, THOUSAND OAKS, CA 91360 | (805) 494-4145 | (805) 494-4146 |

SECOND WAVE PHYSICAL THERAPY - 888920 Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 735 W CHANNEL ISLANDS BLVD, PORT HUENEME, CA 93041 | (805) 250-7505 | (805) 250-7171 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | |
|----------|---------------------------------------|----------------|----------------|
| OFFICE 2 | 552 SESPE AVE, FILLMORE, CA 93015 | (805) 250-7505 | (805) 250-7171 |
| OFFICE 3 | 801 S VICTORIA AVE, VENTURA, CA 93003 | (805) 250-7505 | (805) 250-7171 |

ST JOHN'S OUTPATIENT THERAPY CENTER - 888913

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--------------------------------------|----------------|----------------|
| OFFICE 1 | 961 RICE AVE STE 3, OXNARD, CA 93030 | (805) 988-2874 | (805) 981-4452 |

TWO TREES PHYSICAL THERAPY & WELLNESS - 880283

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2895 LOMA VISTA RD STE H, VENTURA , CA 93003-1542 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 2 | 2100 SOLAR DR STE 204, OXNARD, CA 93003-2602 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 3 | 957 FAULKNER RD STE 105, SANTA PAULA , CA 93060-9129 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 4 | 3418 LOMA VISTA RD STE 4A, VENTURA, CA 93003-3016 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 5 | 5725 RALSTON ST STE 103, VENTURA, CA 93033-6053 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 6 | 2051 STATHAM BLVD, OXNARD, CA 93033-3901 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 7 | 4960 VERDUGO WAY, CAMARILLO, CA 93012-8632 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 8 | 24 E MAIN ST, VENTURA, CA 93001 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 9 | 2260 TAPO ST STE B117, SIMI VALLEY , CA 93063 | (805) 765-4773 | (805) 392-9975 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

VCMC THERAPY SERVICES (EASTMAN) - 880971

Group Affiliation: VENTURA COUNTY MEDICAL CTR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2189 EASTMAN AVE, VENTURA , CA 93003-3099 | (805) 639-2600 | (805) 658-4532 |

OPHTHALMOLOGY

BEKERMAN,VLADISLAV - 281191

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| RUSSIAN | | | |
| OFFICE 1 | 2045 ROYAL AVE STE 234, SIMI VALLEY, CA 93065 | (805) 527-1417 | (805) 584-2477 |
| OFFICE 2 | 771 E DAILY DRIVE STE 245, CAMARILLO, CA 93010 | (805) 322-1510 | (805) 482-4615 |
| OFFICE 3 | 1220 LA VENTA DR STE 203, WESTLAKE, CA 91361 | (805) 497-8100 | (805) 496-0711 |
| OFFICE 4 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
| OFFICE 5 | 2230 LYNN ROAD STE 104, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |

CARTER,STEVEN L - 281192

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---------------------------------------|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |

CORWIN,JOEL M - 280031

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 2 | 751 DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 3 | 2230 LYNN RD, STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
| OFFICE 4 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010 | (805) 322-1510 | (805) 482-4615 |

DAVIDSON,JOHN L - 280032

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 2 | 751 E DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 3 | 1901 SOLAR DRIVE STE 155, OXNARD, CA 93036 | (805) 278-0057 | (805) 278-9925 |
| OFFICE 4 | 2045 ROYAL AVE STE 234, SIMI VALLEY , CA 93065 | (805) 527-1417 | (805) 584-2477 |
| OFFICE 6 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
| OFFICE 7 | 3003 LOMA VISTA RD STE A, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 8 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010 | (805) 322-1510 | (805) 482-4615 |
| OFFICE 9 | 3003 LOMA VISTA RD STE E, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |

FANG,JOHN P - 280394

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

MANDARIN

CHINESE

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 2 | 751 DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | |
|----------|---|----------------|----------------|
| OFFICE 3 | 1901 SOLAR DRIVE STE 155, OXNARD , CA 93036 | (805) 278-0057 | (805) 278-9925 |
| OFFICE 4 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
| OFFICE 5 | 3003 LOMA VISTA RD STE A, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 6 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010 | (805) 322-1510 | (805) 482-4615 |

HEDAYA, JOSHUA - 281274

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| | | | | |
|---------|-----------------|---|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
| | OFFICE 2 | 2045 ROYAL AVE STE 234, SIMI VALLEY, CA 93065 | (805) 527-1417 | (805) 584-2477 |

PANG, NOELENE K - 280393

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-0000 | (805) 648-3085 | (805) 648-7027 |
| | OFFICE 2 | 771 E DAILY DRIVE STE 245, CAMARILLO , CA 93010 | (805) 322-1510 | (805) 482-4615 |
| | OFFICE 3 | 3003 LOMA VISTA RD STE A, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |
| | OFFICE 4 | 2230 LYNN RD STE 104, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |

PARTAMIAN, LEON - 281245

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916 | (805) 648-3085 | (805) 648-7027 |
| | OFFICE 2 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010 | (805) 322-1510 | (805) 482-4615 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 3 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 (805) 495-0458 (805) 494-9630

ROIZENBLATT,ROBERTO - 281193

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

SPANISH

PORTUGUESE

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 2 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
| OFFICE 3 | 751 E DAILY DR, STE 110, CAMARILLO, CA 93010 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 4 | 1901 SOLAR DR STE 155, OXNARD, CA 93030 | (805) 278-0057 | (805) 278-9925 |
| OFFICE 5 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010 | (805) 322-1510 | (805) 482-4615 |

TROTTER,WILLIAM L - 280039

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 751 E DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 2 | 1901 SOLAR DR STE 155, OXNARD, CA 93030 | (805) 278-0057 | (805) 278-9925 |
| OFFICE 3 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 4 | 3003 LOMA VISTA RD STE A, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 5 | 771 E DAILY DR, STE 245, CAMARILLO, CA 93010 | (805) 322-1510 | (805) 482-4615 |

YEE,PHILINA - 281280

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 751 E DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | |
|----------|--|----------------|----------------|
| OFFICE 2 | 1901 SOLAR DR, STE 155, OXNARD, CA 93030 | (805) 278-0057 | (805) 278-9925 |
| OFFICE 3 | 957 FAULKNER RD STE 102, SANTA PAULA, CA 93060 | (805) 525-1737 | (805) 525-7676 |
| OFFICE 4 | 3003 LOMA VISTA RD, STE A, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 5 | 3085 LOMA VISTA RD, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |

OPHTHALMOLOGY, RETINAL

TEEL,KARYN - 281253

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 751 E DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 2 | 3085 LOMA VISTA RD, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 3 | 771 E DAILY DR STE 245, CAMARILLO , CA 93010 | (805) 322-1510 | (805) 482-4615 |
| OFFICE 4 | 1901 SOLAR DR STE 155, OXNARD, CA 93030 | (805) 278-0057 | (805) 278-9925 |

OPTOMETRY

BOGGS,MICHAEL - 280029

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916 | (805) 648-3085 | (805) 648-7027 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BRUNETTE, MARK - 280030

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916 | (805) 648-3085 | (805) 648-7027 |

CHIHA, YARA - 281273

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| ARABIC | | | |
| SPANISH | | | |
| OFFICE 1 | 2045 ROYAL AVE STE 234, SIMI VALLEY, CA 93065-4600 | (805) 527-1417 | (805) 584-2477 |
| OFFICE 2 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 495-9630 |
| OFFICE 3 | 2230 LYNN RD, STE 104, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |

LANGSFORD, STEPHEN - 281155

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| SPANISH | | | |
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 2 | 2045 ROYAL AVE STE 234, SIMI VALLEY, CA 93065 | (805) 527-1417 | (805) 584-2477 |
| OFFICE 3 | 751 E DAILY DR STE 110, CAMARILLO, CA 93010 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 4 | 1901 SOLAR DR STE 155, OXNARD, CA 93030 | (805) 278-0057 | (805) 278-9925 |
| OFFICE 5 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010 | (805) 322-1510 | (805) 482-4615 |
| OFFICE 6 | 2230 LYNN RD STE 104, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
| OFFICE 7 | 3003 LOMA VISTA RD STE E, VENTURA, CA 93003 | (805) 648-3085 | (805) 648-7027 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

NGUYEN,DOANH C - 280556

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

VIETNAMESE

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2937 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 2 | 751 DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 3 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
| OFFICE 4 | 2230 LYNN RD STE 104, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |

NGUYEN, TIFFANY - 250924

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1901 SOLAR DR STE 155, OXNARD, CA 93036-2644 | (805) 278-0057 | (805) 278-9925 |
| OFFICE 2 | 751 E DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |

RAVEN, PEGAH A - 281221

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |

SHAHVERDYAN, KRISTINE - 281269

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

ARMENIAN

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2230 LYNN RD STE 104, THOUSAND OAKS, CA 91360-1959 | (805) 495-0458 | (805) 494-9630 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | |
|----------|--|----------------|----------------|
| OFFICE 2 | 2045 ROYAL AVE STE 234, SIMI VALLEY, CA 93065 | (805) 527-1417 | (805) 584-2477 |
| OFFICE 3 | 1220 LA VENTA DR STE 203, WESTLAKE VILLAGE, CA 91361 | (805) 497-8100 | (805) 496-0711 |
| OFFICE 4 | 751 E DAILY DR STE 110, CAMARILLO , CA 93010 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 5 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
| OFFICE 6 | 957 FAULKNER RD STE 102, SANTA PAULA, CA 93060 | (805) 525-1737 | (805) 525-7676 |

YU,TERRY - 280983

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 957 FAULKNER ROAD STE 102, SANTA PAULA, CA 93060 | (805) 525-1737 | (805) 525-7676 |
| OFFICE 2 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916 | (805) 648-3085 | (805) 648-7027 |
| OFFICE 3 | 751 E DAILY DR, STE 110, CAMARILLO, CA 93010 | (805) 987-8705 | (805) 987-7765 |

ORAL MAXILLOFACIAL SURGERY

SIAVASH,HESSAM S - 280468

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 5200 TELEGRAPH RD STE B, VENTURA, CA 93003-1557 | (805) 648-5121 | (805) 648-3670 |

ZARRINKELK,HOUMAN - 250165

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 5200 TELEGRAPH RD STE B, VENTURA, CA 93003-4185 | (805) 648-5121 | (805) 648-3670 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ORTHOPEDIC SURGERY

BENSON,EMILY S - 280344

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| SPANISH | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| | OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |

BURGE,JOHN ROSS - 281136

Group Affiliation: OCEAN ORTHOPEDIC MEDICAL GRP

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 168 N BRENT ST STE 505, VENTURA, CA 93003-2840 | (805) 648-3902 | (805) 648-4014 |
| | OFFICE 2 | 4542 LAS POSAS ROAD STE E, CAMARILLO, CA 93010 | (805) 702-2510 | (805) 586-4059 |

CALDERONE,ROCCO - 280497

Group Affiliation:

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 2486 PONDEROSA DR N STE D114, CAMARILLO, CA 93010-2469 | (805) 484-2783 | (805) 383-0674 |

DEITEL,KEVIN M - 281101

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 2221 WANKEL WAY, OXNARD, CA 93030-0192 | (805) 988-9366 | (805) 483-3747 |
| | OFFICE 2 | 2230 LYNN RD STE 220, THOUSAND OAKS, CA 91360-1985 | (805) 379-4574 | (805) 379-4324 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FROUSIAKIS,PETROS - 281007

Group Affiliation: OCEAN ORTHOPEDIC MEDICAL GRP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 505, VENTURA, CA 93003-2840 | (805) 648-3902 | (805) 648-4014 |
| OFFICE 2 | 4542 LAS POSAS ROAD STE E, CAMARILLO , CA 93010 | (805) 207-2510 | (805) 586-4059 |

GHILARDUCCI,MARK - 281102

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2221 WANKEL WAY, OXNARD, CA 93030-0192 | (805) 988-9366 | (805) 483-3747 |
| OFFICE 2 | 3525 LOMA VISTA RD STE A, VENTURA, CA 93003-3165 | (805) 641-6415 | (805) 641-6424 |

GLUCK,JOSHUA - 281103

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3525 LOMA VISTA RD STE A, VENTURA, CA 93003-3101 | (805) 641-6415 | (805) 641-6424 |
| OFFICE 2 | 2221 WANKEL WAY, OXNARD, CA 93030-0192 | (805) 988-9366 | (805) 483-3747 |

HARGETT,DAMAYEA - 280547

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001 | (805) 641-5600 | (805) 641-5677 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

HOFER,JASON - 280492

Group Affiliation: VENUTRA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 3525 LOMA VISTA RD STE A, VENTURA, CA 93003-3101 | (805) 641-6415 | (805) 641-6424 |
| OFFICE 2 | 3901 LAS POSAS RD STE 4, CAMARILLO, CA 93010-1502 | (805) 585-5166 | (805) 383-1786 |

JEFFERS,ANDREW W - 280484

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 135, OXANRD, CA 93030 | (805) 981-1788 | (805) 981-1774 |
| OFFICE 2 | 3661 E LAS POSAS RD STE G162, CAMARILLO, CA 93010-1481 | (805) 981-1788 | (805) 981-1774 |

MOTAMEDI,ALI R - 281105

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

FARSI

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 3901 LAS POSAS RD STE 4, CAMARILLO, CA 93010-1502 | (805) 585-5166 | (805) 383-1786 |

PYLE,CASEY - 281135

Group Affiliation: OCEAN ORTHOPEDIC MEDICAL GRP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 505, VENTURA, CA 93003-2840 | (805) 648-3902 | (805) 648-4014 |
| OFFICE 2 | 4542 LAS POSAS ROAD STE E, CAMARILLO, CA 93010 | (805) 702-2510 | (805) 586-4059 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

QUINN,JOHN R - 281130

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

| SPANISH | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| | OFFICE 1 | 2221 WANKEL WAY, OXNARD, CA 93030-0192 | (805) 988-9366 | (805) 483-3747 |

RAGSDALE,MARY - 280542

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| SPANISH | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| | OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |
| | OFFICE 2 | 125 W THOUSAND OAKS BL STE 300, THOUSAND OAKS, CA 91360-4460 | (805) 418-9100 | (805) 370-0619 |
| | OFFICE 3 | 325 W CHANNEL ISLANDS BLVD, OXNARD, CA 93033-4501 | (805) 204-9500 | (805) 240-2128 |

SHARAREH,BEHNAM - 281209

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

| FARSI | Office # | Street: | Phone: | Fax: |
|-------|----------|--|----------------|----------------|
| | OFFICE 1 | 2221 WANKEL WAY, OXNARD, CA 93030-0192 | (805) 988-9366 | (805) 483-3747 |

STENNETTE,DENISE - 280426

Group Affiliation: LAS ISLAS FAMILY MEDICAL GROUP

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|---|----------------|----------------|
| | OFFICE 1 | 325 W CHANNEL ISLANDS BLVD, OXNARD, CA 93033-4501 | (805) 204-9500 | (805) 240-2128 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SUZUKI,KENTARO - 281109

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

| SPANISH | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| | OFFICE 1 | 3525 LOMA VISTA RD STE A, VENTURA, CA 93003-3101 | (805) 641-6415 | (805) 641-6424 |

SWEET,STEPHAN J - 280490

Group Affiliation: OCEAN ORTHOPEDIC MEDICAL GRP

Language(s):

| SPANISH | Office # | Street: | Phone: | Fax: |
|---------|----------|--|----------------|----------------|
| | OFFICE 1 | 168 N BRENT ST STE 505, VENTURA, CA 93003-2813 | (805) 648-3902 | (805) 648-4014 |
| | OFFICE 2 | 4542 LAS POSAS RD STE E, CAMARILLO , CA 93010 | (805) 702-2510 | (805) 586-4059 |

TAKARA,TADASHI - 280543

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--|----------|--|----------------|----------------|
| | OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |
| | OFFICE 2 | 325 W CHANNEL ISLANDS BLVD, OXNARD , CA 93033-4501 | (805) 204-9500 | (805) 240-2128 |

WU,THOMAS - 280345

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| MANDARIN | Office # | Street: | Phone: | Fax: |
|----------|----------|---|----------------|----------------|
| | OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |
| | OFFICE 2 | 325 W CHANNEL ISLANDS BLVD, OXNARD, CA 93033-4501 | (805) 204-9500 | (805) 240-2128 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ZEMAN,CRAIG - 281110

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2221 WANKEL WAY, OXNARD, CA 93030-0192 | (805) 988-9366 | (805) 483-3747 |

ORTHOPEDIC SURGERY, HAND

GLUCK,JOSHUA - 281103

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3525 LOMA VISTA RD STE A, VENTURA, CA 93003-3101 | (805) 641-6415 | (805) 641-6424 |
| OFFICE 2 | 2221 WANKEL WAY, OXNARD, CA 93030-0192 | (805) 988-9366 | (805) 483-3747 |

VOHRA,SAHIL - 281206

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 505, VENTURA, CA 93003 | (805) 648-3902 | (805) 648-4014 |

OTOLARYNGOLOGY

CASTELLANO,ALEXA - 281092

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 | (805) 652-6201 | (805) 641-4416 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

CHAN,STEPHEN - 281205

Group Affiliation: WEST COAST EAR NOSE & THROAT

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 460, OXNARD, CA 93030 | (805) 983-0395 | (805) 983-0463 |

GEFFEN,BRENT J - 281239

Group Affiliation: WEST COAST EAR NOSE & THROAT

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2438 PONDEROSA DR UNIT C110, CAMARILLO, CA 93010 | (805) 484-5929 | (805) 484-9044 |

KHO,TRICIA SOOCHEUN - 280471

Group Affiliation: WEST COAST EAR NOSE & THROAT

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 460, OXNARD, CA 93030-3790 | (805) 983-0395 | (805) 983-0463 |
| OFFICE 2 | 2876 N SYCAMORE DR STE 303, SIMI VALLEY, CA 93065-1550 | (805) 527-7320 | (805) 527-2426 |

LEE,JAESUNG - 280472

Group Affiliation: WEST COAST EAR NOSE & THROAT

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2438 PONDEROSA DR N STE C110, CAMARILLO, CA 93010-2466 | (805) 484-5929 | (805) 484-9044 |
| OFFICE 2 | 301 S MOORPARK RD, THOUSAND OAKS, CA 91361-1008 | (805) 379-9646 | (805) 379-0611 |

LEE,JOSEPH - 280984

Group Affiliation: WEST COAST EAR NOSE & THROAT

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 460, OXNARD, CA 93030-7629 | (805) 983-0395 | (805) 983-0463 |

NGUYEN, CHAU - 280545

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

VIETNAMESE

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 #401, VENTURA, CA 93003-3099 | (805) 652-6201 | (805) 648-9878 |

SPANISH

SUMIYOSHI, MIKA - 281031

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 #401, VENTURA, CA 93003-9624 | (805) 652-6201 | (805) 641-4416 |
| OFFICE 2 | 125 W THOUSAND OAKS BLVD STE 300, THOUSAND OAKS, CA 91360 | (805) 418-9100 | (805) 370-0619 |

VAIDYA, ABHAY M - 280473

Group Affiliation: WEST COAST EAR NOSE & THROAT

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2438 PONDEROSA DR N STE C110, CAMARILLO, CA 93010-2466 | (805) 484-5929 | (805) 484-9044 |
| OFFICE 2 | 301 S MOORPARK RD, THOUSAND OAKS, CA 91361-1008 | (805) 379-9646 | (805) 379-0611 |

VOORMAN, GARY S - 280474

Group Affiliation: WEST COAST EAR NOSE & THROAT

Language(s):

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 460, OXNARD, CA 93030-3790 | (805) 983-0395 | (805) 983-0463 |
| OFFICE 2 | 301 S MOORPARK RD, THOUSAND OAKS, CA 91361-1008 | (805) 379-9646 | (805) 379-0611 |

WAREHAM,MARTIN E - 280476

Group Affiliation: WEST COAST EAR NOSE & THROAT

Language(s):

GERMAN

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 301 S MOORPARK RD, THOUSAND OAKS, CA 91361-1008 | (805) 379-9646 | (805) 379-0611 |
| OFFICE 2 | 2876 N SYCAMORE DR STE 303, SIMI VALLEY, CA 93065-1550 | (805) 527-7320 | (805) 527-2426 |

PAIN MANAGEMENT

BUCHANAN,PATRICK D - 280566

Group Affiliation: SPANISH HILLS PAIN SPECIALISTS

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1100 PASEO CAMARILLO, CAMARILLO, CA 93010-6073 | (805) 484-8558 | (805) 484-3099 |

CABARET,JOSEPH A - 280397

Group Affiliation:

Language(s):

SPANISH

ITALIAN

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 601 E DAILY DR STE 228, CAMARILLO, CA 93010-6073 | (805) 914-0637 | (805) 693-4327 |

FREY,ROBERT D - 280572

Group Affiliation: PACIFIC PAIN MANAGEMENT

Language(s):

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1280 S VICTORIA AVE STE 204, VENTURA, CA 93003-6192 | (805) 644-4930 | (805) 654-1284 |

KATOUZIAN,ALIREZA - 281215

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1100 PASEO CAMARILLO, CAMARILLO, CA 93010 | (805) 484-8558 | (804) 843-3099 |

KIKER,DALE - 280428

Group Affiliation: SPANISH HILLS PAIN SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1100 PASEO CAMARILLO, CAMARILLO, CA 93010-6073 | (805) 484-8558 | (805) 512-8563 |

NGUYEN,PHILLIP - 281178

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1280 S VICTORIA AVE STE 250, VENTURA, CA 93003-6521 | (805) 351-0745 | (805) 288-6744 |
| OFFICE 2 | 625 N A ST, OXNARD, CA 93030-4907 | (805) 351-0745 | (805) 288-6744 |

TOURJE,CAITLIN - 281213

Group Affiliation: SPANISH HILLS PAIN SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1100 PASEO CAMARILLO, CAMARILLO, CA 93010-6073 | (805) 484-8558 | (805) 512-8563 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PEDIATRIC CARDIOLOGY

HARAKE,BILAL - 280214

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2421 BATH ST STE B, SANTA BARBARA, CA 93105-4324 | (805) 569-3146 | (805) 569-0786 |
| OFFICE 2 | 801 S VICTORIA AVE STE 200, VENTURA, CA 93003-5492 | (805) 569-3146 | (805) 569-0786 |

LEONG (VCMC),FREDERIC J - 280518

Group Affiliation: MANDALAY BAY WOMEN & CHILDREN'S MEDICAL

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2000 OUTLET CENTER DR STE 110, OXNARD, CA 93036-0608 | (805) 604-4588 | (805) 604-7469 |
| OFFICE 2 | 300 HILLMONT AVE BLDG 340 #302, VENTURA, CA 93003-3001 | (805) 652-6255 | (805) 641-4494 |

PEDIATRIC DIABETIC MEDICINE

SEVER,CATHERINE - 280570

Group Affiliation: LAS ISLAS FAMILY MEDICAL GROUP

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 325 W CHANNEL ISLANDS BLVD, OXNARD, CA 93033-4501 | (805) 204-9500 | (805) 240-2128 |
| OFFICE 2 | 300 HILLMONT AVE BLDG 340 STE 302, VENTURA, CA 93003-3099 | (805) 652-6255 | (805) 641-4494 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PEDIATRIC ENDOCRINOLOGY

ELCHURI,SWATI - 281034

Group Affiliation: PEDIATRIC DIAGNOSTIC CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 #302, VENTURA, CA 93003-3099 | (805) 652-6255 | (805) 641-4494 |

PEDIATRIC GASTROENTEROLOGY

PATEL,MINESH - 281074

Group Affiliation: PEDIATRIC DIAGNOSTIC CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 302, VENTURA, CA 93003-1651 | (805) 652-6255 | (805) 641-4494 |

PEDIATRIC NEUROLOGY

AMIN,NIKKEE B - 281275

Group Affiliation: SIERRA VISTA FAMILY MEDICAL CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065 | (805) 582-4000 | (805) 579-6082 |
| OFFICE 2 | 2000 OUTLET CENTER DR STE 110, OXNARD, CA 93036 | (805) 604-4588 | (805) 579-6082 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FREED, ABBEY - 281255

Group Affiliation: PEDIATRIC DIAGNOSTIC CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 302, VENTURA, CA 93003 | (805) 652-6255 | (805) 641-4494 |
| OFFICE 2 | 2000 OUTLET CENTER DR STE 110, OXNARD, CA 93036 | (805) 604-4588 | (805) 604-7469 |

PEDIATRIC OPHTHALMOLOGY

DE CASTRO-ABEGER, ALEXANDER - 281244

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|------|
| OFFICE 1 | 2230 LYNN RD STE 104, THOUSAND OAKS, CA 91360-1959 | (805) 495-0458 | |
| OFFICE 2 | 751 DAILY DR STE 110, CAMARILLO, CA 93010 | (805) 987-8705 | |
| OFFICE 3 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010 | (805) 332-1510 | |
| OFFICE 4 | 3003 LOMA VISTA RD STE E, VENTURA, CA 93003 | (805) 648-3085 | |

PEDIATRIC ORTHOPEDIC SURGERY

MAGUIRE, MICHAEL - 280537

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PELVIC FLOOR THERAPY

CALIFORNIA HAND & PHYSICAL THERAPY - 880951 Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2001 SOLAR DR STE 150, OXNARD, CA 93036-2647 | (805) 604-1924 | (805) 604-0176 |
| OFFICE 2 | 425 LOMBARD ST, THOUSAND OAKS, CA 91360 | (805) 494-4145 | (805) 494-4146 |

PHYSICAL MEDICINE & REHAB

BLOOM, MATTHEW - 280992

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1280 S VICTORIA AVE STE 250, VENTURA, CA 93003-6521 | (805) 351-0745 | (805) 288-6744 |
| OFFICE 2 | 625 N A ST, OXNARD, CA 93030-4904 | (805) 351-0745 | (805) 288-6744 |

CHANG CHIEN, GEORGE C - 280519

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

MANDARIN

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KIA,FARID - 280986

Group Affiliation: SPANISH HILLS PAIN SPECIALISTS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1100 PASEO CAMARILLO, CAMARILLO, CA 93010-6073 | (805) 484-8558 | (805) 484-3099 |

NGUYEN,PHILLIP - 281178

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1280 S VICTORIA AVE STE 250, VENTURA, CA 93003-6521 | (805) 351-0745 | (805) 288-6744 |
| OFFICE 2 | 625 N A ST, OXNARD, CA 93030-4907 | (805) 351-0745 | (805) 288-6744 |

PIERSON,RAYMOND - 280321

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2221 WANKEL WAY, OXNARD, CA 93030-0192 | (805) 278-0212 | (805) 988-1454 |
| OFFICE 2 | 3525 LOMA VISTA RD STE A, VENTURA, CA 93003-3101 | (805) 278-0212 | (805) 988-1454 |

SUKUMAR,JONATHAN - 281157

Group Affiliation: WEST VENTURA MEDICAL CLINIC

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |
| OFFICE 2 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065 | (805) 582-4000 | (805) 579-6082 |
| OFFICE 3 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036 | (805) 981-5161 | (805) 981-5160 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PHYSICAL THERAPY

CALIFORNIA HAND & PHYSICAL THERAPY - 880951 Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2001 SOLAR DR STE 150, OXNARD, CA 93036-2647 | (805) 604-1924 | (805) 604-0176 |
| OFFICE 2 | 425 LOMBARD ST, THOUSAND OAKS, CA 91360 | (805) 494-4145 | (805) 494-4146 |

MDRS SPINE & SPORT - 880281

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 450 ROSEWOOD AVE STE 105, CAMARILLO, CA 93010-5914 | (805) 389-4781 | (805) 389-4725 |
| OFFICE 2 | 1651 E CHANNEL ISLAND BLVD STE 2, OXNARD, CA 93033 | (805) 240-3373 | (805) 240-3375 |
| OFFICE 3 | 101 HODENCAMP RD STE 102, THOUSAND OAKS, CA 91360-5836 | (805) 496-9944 | (805) 496-9945 |

SECOND WAVE PHYSICAL THERAPY - 888920

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 735 W CHANNEL ISLANDS BLVD, PORT HUENEME, CA 93041 | (805) 250-7505 | (805) 250-7171 |
| OFFICE 2 | 552 SESPE AVE, FILLMORE, CA 93015 | (805) 250-7505 | (805) 250-7171 |
| OFFICE 3 | 801 S VICTORIA AVE, VENTURA, CA 93003 | (805) 250-7505 | (805) 250-7171 |

ST JOHN'S OUTPATIENT THERAPY CENTER - 888913

Group Affiliation:

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--------------------------------------|----------------|----------------|
| OFFICE 1 | 961 RICE AVE STE 3, OXNARD, CA 93030 | (805) 988-2874 | (805) 981-4452 |

SUNRISE PHYSICAL THERAPY SERVICES - 880282

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1879 PORTOLA RD STE A2, VENTURA, CA 93003-8095 | (805) 644-1273 | (805) 644-4417 |
| OFFICE 2 | 705 N OXNARD BLVD STE 107, OXNARD, CA 93030-4314 | (805) 983-0811 | (805) 983-1481 |

TWO TREES PHYSICAL THERAPY & WELLNESS - 880283

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2895 LOMA VISTA RD STE H, VENTURA , CA 93003-1542 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 2 | 2100 SOLAR DR STE 204, OXNARD, CA 93003-2602 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 3 | 957 FAULKNER RD STE 105, SANTA PAULA , CA 93060-9129 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 4 | 3418 LOMA VISTA RD STE 4A, VENTURA, CA 93003-3016 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 5 | 5725 RALSTON ST STE 103, VENTURA, CA 93033-6053 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 6 | 2051 STATHAM BLVD, OXNARD, CA 93033-3901 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 7 | 4960 VERDUGO WAY, CAMARILLO, CA 93012-8632 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 8 | 24 E MAIN ST, VENTURA, CA 93001 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 9 | 2260 TAPO ST STE B117, SIMI VALLEY , CA 93063 | (805) 765-4773 | (805) 392-9975 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

VCMC THERAPY SERVICES (EASTMAN) - 880971

Group Affiliation: VENTURA COUNTY MEDICAL CTR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2189 EASTMAN AVE, VENTURA , CA 93003-3099 | (805) 639-2600 | (805) 658-4532 |

PLASTIC AND RECONST SUR

FAHRADYAN,ARTUR - 281270

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

ARMENIAN

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003 | (805) 652-6201 | (805) 641-4416 |

FLYNN (VCMC),ARTHUR E - 281045

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 | (805) 641-0141 | (805) 641-0430 |

GORODISKY,YULY - 281234

Group Affiliation: WEST COAST PLASTIC SURGERY CTR

Language(s):

RUSSIAN

| Office # | Street: | Phone: | Fax: |
|----------|-------------------------------------|----------------|----------------|
| OFFICE 1 | 2831 N VENTURA RD, OXNARD, CA 93036 | (805) 983-1999 | (805) 485-9490 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KOLDER,DANIEL - 281233

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2460 N PONDEROSA DR STE A117, CAMARILLO, CA 93010-2468 | (805) 484-2855 | (805) 389-1245 |

STARR,WILLIAM E - 280521

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 | (805) 641-0141 | (805) 641-0430 |
| OFFICE 2 | 300 HILLMONT AVE BLDG 340 STE 302, VENTURA, CA 93003-3099 | (805) 652-6255 | (805) 641-4494 |

PLASTIC SURGERY, HAND

STARR,WILLIAM E - 280521

Group Affiliation: ANACAPA SURGICAL ASSOCIATES

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 | (805) 641-0141 | (805) 641-0430 |
| OFFICE 2 | 300 HILLMONT AVE BLDG 340 STE 302, VENTURA, CA 93003-3099 | (805) 652-6255 | (805) 641-4494 |

PODIATRY

EMIRZIAN,ANA - 281268

Group Affiliation: COASTAL FOOT AND ANKLE

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---------|--------|------|
|----------|---------|--------|------|

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 1 451 W GONZALES RD STE 260, OXNARD, CA 93036 (805) 983-0222 (805) 604-9872

NGUYEN,ANH - 281138

Group Affiliation: COASTAL FOOT AND ANKLE

Language(s):

VIETNAMESE

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036 | (805) 983-0222 | (805) 604-9872 |
| OFFICE 2 | 134 N 10TH ST STE A, SANTA PAULA, CA 93060-2803 | (805) 933-1313 | (805) 933-9866 |

PEARSON,SEAN - 281231

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036-0729 | (805) 485-6708 | (805) 278-2299 |

ROBERG (VCMC),DYLAN - 281145

Group Affiliation: FILLMORE FAMILY MEDICAL GROUP

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 133 W SANTA CLARA ST, VENTURA, CA 93001-2543 | (805) 641-5600 | (805) 641-5677 |

ROBERG,DYLAN - 281163

Group Affiliation:

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036 | (805) 485-6708 | (805) 278-2299 |

ROBERG,SCOT - 280955

Group Affiliation:

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036-9004 | (805) 485-6708 | (805) 278-2299 |
| OFFICE 2 | 3160 TELEGRAPH RD STE 207, VENTURA, CA 93003-3256 | (805) 485-6708 | (805) 278-2299 |

STUHR,FRANK - 280435

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 3114 TELEGRAPH RD STE B, VENTURA, CA 93003-3219 | (805) 643-8572 | (805) 643-8667 |

VINES,STEVEN M - 280564

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036-0729 | (805) 485-3151 | (805) 983-8013 |

PSYCHIATRY

PARK,TIMOTHY - 281179

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---------------------------------------|----------------|----------------|
| OFFICE 1 | 2969 LOMA VISTA RD, VENTURA, CA 93003 | (805) 504-6814 | (805) 667-8920 |

THURSTON,RONALD - 280226

Group Affiliation:

Language(s):

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 3311 OLD CONEJO RD, NEWBURY PARK, CA 91320 | (805) 388-3337 | (805) 388-1155 |

PULMONARY DISEASES

ARFAEI,AMIR - 280325

Group Affiliation: VENTURA PULMONARY & CRITICAL CARE MED GR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 503, VENTURA, CA 93003-2824 | (805) 653-6371 | (805) 653-7242 |

BAJWA,RAVINDER S - 281025

Group Affiliation: MEDICINE SPECIALTY CENTER WEST

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 #502, VENTURA, CA 93003-0000 | (805) 652-6222 | (805) 652-6221 |
| OFFICE 2 | 2240 E GONZALES RD STE 100, OXNARD, CA 93036-8212 | (805) 981-5161 | (805) 981-5160 |

BERNSTEIN,ROBERT J - 280256

Group Affiliation: VENTURA PULMONARY & CRITICAL CARE MED GR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 503, VENTURA, CA 93003-2824 | (805) 653-6371 | (805) 653-7242 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BHATIA,RAJAN - 280448

Group Affiliation: WEST COAST CRITICAL CARE PHYSICIANS

Language(s):

HINDI

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1910 OUTLET CTR DR, OXNARD, CA 93036-0677 | (805) 485-2400 | (805) 485-3025 |
| OFFICE 2 | 4000 CALLE TECATE STE 105, CAMARILLO, CA 93012-5283 | (805) 485-2400 | (805) 485-3025 |
| OFFICE 3 | 2851 N VENTURA RD, OXNARD, CA 93036-0677 | (805) 485-2400 | (805) 485-3025 |

DE VERA,JEROME - 281278

Group Affiliation: VENTURA PULMONARY & CRITICAL CARE MED GR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 406, VENTURA, CA 93003-2824 | (805) 653-6371 | (805) 653-7242 |

GIL,RYAN - 281266

Group Affiliation: WEST COAST CRITICAL CARE PHYSICIANS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1910 OUTLET CENTER DR, OXNARD, CA 93036 | (805) 485-2400 | (805) 485-3025 |

LAMEE,JONATHAN - 281158

Group Affiliation: VENTURA PULMONARY & CRITICAL CARE MED GR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 503, VENTURA, CA 93003-2824 | (805) 653-6371 | (805) 653-7242 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

LANDON,CHRIS - 280546

Group Affiliation: PEDIATRIC DIAGNOSTIC CENTER

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 #302, VENTURA, CA 93003-3099 | (805) 652-6255 | (805) 641-4494 |

LIPPER,BENNET - 281040

Group Affiliation: LAS POSAS FAMILY MEDICAL GROUP

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 3801 LAS POSAS RD STE 214, CAMARILLO, CA 93010-1426 | (805) 437-0900 | (805) 987-2878 |
| | OFFICE 2 | 1227 E LOS ANGELES AVE, SIMI VALLEY, CA 93065-2871 | (805) 582-4000 | (805) 582-3380 |
| | OFFICE 3 | 1334 E MAIN ST, SANTA PAULA, CA 93060 | (805) 933-1122 | (805) 933-0522 |

MAEHARA,DARREN - 280987

Group Affiliation: WEST COAST CRITICAL CARE PHYSICIANS

Language(s):

| | | | | |
|---------|-----------------|---|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1910 OUTLET CENTER DR, OXNARD, CA 93036-0677 | (805) 485-2400 | (805) 485-3025 |
| | OFFICE 2 | 4000 CALLE TECATE STE 105, CAMARILLO, CA 93012-5283 | (805) 485-2400 | (805) 485-3025 |

NELSON,GERGANA - 280988

Group Affiliation: WEST COAST CRITICAL CARE PHYSICIANS

Language(s):

| | | | | |
|-----------|-----------------|---|----------------|----------------|
| BULGARIAN | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1910 OUTLET CENTER DR, OXNARD, CA 93036-0677 | (805) 485-2400 | (805) 485-3025 |
| | OFFICE 2 | 4000 CALLE TECATE STE 105, CAMARILLO, CA 93012-5283 | (805) 485-2400 | (805) 485-3025 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

PELEGRIN,GORDON P - 281203

Group Affiliation: VENTURA PULMONARY & CRITICAL CARE MED GR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 503, VENTURA, CA 93003 | (805) 653-6371 | (805) 653-7242 |

SWEET,MADISON - 281277

Group Affiliation: VENTURA PULMONARY & CRITICAL CARE MED GR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 406, VENTURA, CA 93003 | (805) 653-6371 | (805) 653-7242 |

TAICH,ZACHARY - 281242

Group Affiliation: WEST COAST PULMONARY PHYSICIANS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1910 OUTLET CENTER DR, OXNARD, CA 93036-0677 | (805) 485-2400 | (805) 485-3025 |

WEYMER,ANDREW R - 250917

Group Affiliation: WEST COAST CRITICAL CARE PHYSICIANS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1910 OUTLET CENTER DR, OXNARD, CA 93036-0677 | (805) 485-2400 | (805) 485-3025 |
| OFFICE 2 | 4000 CALLE TECATE STE 105, CAMARILLO, CA 93012-5283 | (805) 485-2400 | (805) 485-3025 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

YU,GEORGE - 280231

Group Affiliation:

Language(s):

| Language | Office # | Street: | Phone: | Fax: |
|----------|----------|---|----------------|----------------|
| CHINESE | | | | |
| MANDARIN | OFFICE 1 | 3661 E LAS POSAS RD STE G-162, CAMARILLO, CA 93010-1430 | (805) 389-5132 | (805) 409-4643 |

RADIATION ONCOLOGY

MONTES,HENRY Z - 280289

Group Affiliation: VENTURA COUNTY RADIATION ONCOLOGY MED GR

Language(s):

| Language | Office # | Street: | Phone: | Fax: |
|----------|----------|--|----------------|----------------|
| SPANISH | | | | |
| | OFFICE 1 | 1700 N ROSE AVE STE 120, OXNARD, CA 93030-7301 | (805) 988-2657 | (805) 981-4456 |
| | OFFICE 2 | 5301 MISSION OAKS BLVD STE A, CAMARILLO, CA 93012-5423 | (805) 484-1919 | (805) 987-3977 |

O'CONNOR,TIMOTHY A - 280288

Group Affiliation: VENTURA COUNTY RADIATION ONCOLOGY MED GR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N. ROSE AVE STE 120, OXNARD, CA 93030-7631 | (805) 988-2657 | (805) 981-4456 |
| OFFICE 2 | 5301 MISSION OAKS BLVD STE A, CAMARILLO, CA 93012-5423 | (805) 484-1919 | (805) 987-3977 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

RADIOLOGY

ROLLING OAKS IMAGING CENTER - 880253

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 415 ROLLING OAKS DR STE 125, THOUSAND OAKS, CA 91361-1038 | (805) 357-0067 | (805) 778-1116 |
| OFFICE 2 | 415 ROLLING OAKS DR STE 160, THOUSAND OAKS, CA 91361-1038 | (805) 778-1513 | (805) 778-1116 |

ROLLING OAKS RADIOLOGY - ST. JOHN'S - 888814

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 110, OXNARD, CA 93030-7630 | (805) 357-0067 | (805) 778-1116 |

ROLLING OAKS RADIOLOGY CAMARILLO - 880016

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 3801 LAS POSAS RD STE 111, CAMARILLO, CA 93010-1505 | (805) 357-0067 | (805) 778-1116 |

ROLLING OAKS RADIOLOGY OXNARD - 880015

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1901 N RICE AVE STE 140 & 155, OXNARD, CA 93030-7912 | (805) 357-0067 | (805) 778-1116 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**ROLLING OAKS RADIOLOGY OXNARD (GONZALES)
- 888930**

Group Affiliation: ROLLING OAKS RADIOLOGY-OXNARD
(GONZALES)

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2151 EAST GONZALES RD STE 101, OXNARD, CA 93036 | (805) 988-0616 | (805) 604-1722 |

**ROLLING OAKS RADIOLOGY OXNARD (OUTLET CE -
888937**

Group Affiliation: ROLLING OAKS RADIOLOGY-OXNARD(OUTLET
CE)

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1901 OUTLET CENTER DR STE 120 & 250, OXNARD, CA 93036-0664 | (805) 357-0067 | (805) 778-1116 |

**ROLLING OAKS RADIOLOGY OXNARD (SOLAR) -
888928**

Group Affiliation: ROLLING OAKS RADIOLOGY OXNARD (SOLAR)

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2001 NORTH SOLAR DR STE 135, OXNARD, CA 93036 | (805) 988-0616 | (805) 604-1722 |

ROLLING OAKS RADIOLOGY SIMI VALLEY - 888918

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2950 N SYCAMORE DR STE 102, SIMI VALLEY, CA 93065-1210 | (805) 357-0067 | (805) 778-1116 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

ROLLING OAKS RADIOLOGY VENTURA - 880014

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 4516 MARKET ST, VENTURA, CA 93003-8087 | (805) 357-0067 | (805) 778-1116 |

ROLLING OAKS RADIOLOGY VENTURA (LOMA VIS - 888927

Group Affiliation: ROLLING OAKS RADIOLOGY VENTURA

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2705 LOMA VISTA RD STE 100, VENTURA, CA 93003 | (805) 988-0616 | (805) 604-1722 |

ROLLING OAKS RADIOLOGY VENTURA CANCER CE - 888929

Group Affiliation: ROLLING OAKS RADIOLOGY VENTURA CANCER CE

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2900 LOMA VISTA RD STE 101, VENTURA, CA 93003 | (805) 988-0616 | (805) 604-1722 |

THOUSAND OAKS MDI - 880017

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 LOMBARD ST, THOUSAND OAKS, CA 91360-7484 | (805) 357-0067 | (805) 778-1116 |
| OFFICE 2 | 110 JENSEN CT STE 1A, THOUSAND OAKS, CA 91360-5808 | (805) 370-8111 | (805) 370-8118 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

REGISTERED DIETICIAN

BENSON,JENNIFER - 880908

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010 | (805) 738-5700 | (805) 738-5701 |

BICKFORD,JESSICA - 880973

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2605 LOMA VISTA RD, VENTURA, CA 93003-1548 | (805) 826-1381 | (805) 648-6706 |

CARDENAS,ERIKA - 888936

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010-6376 | (805) 738-5700 | (805) 738-5701 |

CREGUT,KELSEA - 880972

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010-6338 | (805) 738-5700 | (805) 738-5701 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

FOWLER,BRITTANY - 880907

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010-6376 | (805) 738-5700 | (805) 738-5701 |

HINOJOSA,CHANEL - 888816

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010-6376 | (805) 738-5700 | (805) 738-5701 |

HOFFMAN,ELIZABETH - 888931

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010-6376 | (805) 738-5700 | (805) 738-5701 |

MOORE,HANNAH - 888915

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---------------------------------------|----------------|----------------|
| OFFICE 1 | 2605 LOMA VISTA RD, VENTURA, CA 93003 | (805) 826-1381 | (805) 648-6706 |

NAZZARO,ALEXIS - 888917

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---------|--------|------|
|----------|---------|--------|------|

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 1 400 MOBIL AVE STE D9, CAMARILLO, CA 93010 (805) 738-5700 (805) 738-5701

NEMO,BROOKE L - 888817

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010 | (805) 738-5700 | (805) 738-5701 |

RIETKERK,LINNEA - 888923

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010-6376 | (805) 738-5700 | (805) 738-5701 |

SAROKA,HANNAH - 888926

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010-6376 | (805) 738-5700 | (805) 738-5701 |

VEDDER,TATUM - 888914

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010 | (805) 738-5700 | (805) 738-5701 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

REPRODUCTIVE ENDO/INFERTILITY

BUYALOS,RICHARD P - 280233

Group Affiliation: FERTILITY & SURGICAL ASSOCIATES OF SO CA

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 325 ROLLING OAKS DR STE 110, THOUSAND OAKS, CA 91361-1299 | (805) 778-1122 | (805) 778-1199 |

SHAMONKI,MOUSA - 281006

Group Affiliation: FERTILITY & SURGICAL ASSOCIATES OF SO CA

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 325 ROLLING OAKS DR STE 110, THOUSAND OAKS, CA 91361-1201 | (805) 778-1122 | (805) 778-1199 |

RHEUMATOLOGY

SPIEGEL,TIMOTHY - 280236

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1919 STATE ST STE 306, SANTA BARBARA, CA 93101-8448 | (805) 682-5752 | (805) 682-8434 |

SLEEP STUDIES

PREMIER DIAGNOSTICS - 880084

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1851 HOLSTER WALK STE 210, OXNARD, CA 93036-2626 | (805) 485-2633 | (805) 485-6650 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SUNSET SLEEP DISORDER CENTER OF OXNARD - 880278

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1910 OUTLET CENTER DR, OXNARD, CA 93036-0677 | (805) 582-0999 | (805) 582-0919 |

SPEECH THERAPY

FLETCHER,E CHERYL - 880970

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 150 VALLEY VISTA DR, CAMARILLO, CA 93010-1725 | (805) 484-1671 | (805) 987-0667 |

SECOND WAVE PHYSICAL THERAPY - 888920

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 735 W CHANNEL ISLANDS BLVD, PORT HUENEME, CA 93041 | (805) 250-7505 | (805) 250-7171 |
| OFFICE 2 | 552 SESPE AVE, FILLMORE, CA 93015 | (805) 250-7505 | (805) 250-7171 |
| OFFICE 3 | 801 S VICTORIA AVE, VENTURA, CA 93003 | (805) 250-7505 | (805) 250-7171 |

ST JOHN'S OUTPATIENT THERAPY CENTER - 888913

Group Affiliation:

Language(s):

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| Office # | Street: | Phone: | Fax: |
|----------|--------------------------------------|----------------|----------------|
| OFFICE 1 | 961 RICE AVE STE 3, OXNARD, CA 93030 | (805) 988-2874 | (805) 981-4452 |

TWO TREES PHYSICAL THERAPY & WELLNESS - 880283

Language(s):

Group Affiliation:

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2895 LOMA VISTA RD STE H, VENTURA , CA 93003-1542 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 2 | 2100 SOLAR DR STE 204, OXNARD, CA 93003-2602 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 3 | 957 FAULKNER RD STE 105, SANTA PAULA , CA 93060-9129 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 4 | 3418 LOMA VISTA RD STE 4A, VENTURA, CA 93003-3016 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 5 | 5725 RALSTON ST STE 103, VENTURA, CA 93033-6053 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 6 | 2051 STATHAM BLVD, OXNARD, CA 93033-3901 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 7 | 4960 VERDUGO WAY, CAMARILLO, CA 93012-8632 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 8 | 24 E MAIN ST, VENTURA, CA 93001 | (805) 765-4773 | (805) 392-9975 |
| OFFICE 9 | 2260 TAPO ST STE B117, SIMI VALLEY , CA 93063 | (805) 765-4773 | (805) 392-9975 |

SURGICAL ONCOLOGY

STEEN,SHAWN T - 280569

Language(s):

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-3099 | (805) 652-6201 | (805) 641-4416 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

THORACIC SURGERY

ATIYA,AZMI - 281262

Group Affiliation: SOLTERO & YASUDA ASSOCIATES

Language(s):

| | | | | |
|--------|-----------------|--|----------------|----------------|
| ARABIC | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1700 N ROSE AVE STE 135, OXNARD, CA 93030-7301 | (818) 993-4471 | (818) 993-7565 |

BUSHNELL,LAMAR J - 250120

Group Affiliation: CALIF CARDIOVASCULAR & THORACIC SURGEONS

Language(s):

| | | | | |
|--|-----------------|--|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 168 N BRENT ST STE 508, VENTURA, CA 93003-2840 | (805) 643-2375 | (805) 643-3511 |

BUSHNELL,LAMAR J - 281148

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 | (805) 652-6201 | (805) 641-4416 |

HARO,GREG - 281263

Group Affiliation: SOLTERO & YASUDA ASSOCIATES

Language(s):

| | | | | |
|--|-----------------|--|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1700 N ROSE AVE STE 135, OXNARD, CA 93030-7301 | (818) 993-4471 | (818) 993-7565 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

KOTOYAN,RAFFI A - 281261

Group Affiliation: SOLTERO & YASUDA ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 135, OXNARD, CA 93030 | (818) 993-4471 | (818) 993-7565 |

SOLTERO,MICHAEL J - 281260

Group Affiliation: SOLTERO & YASUDA ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 135, OXNARD, CA 93030 | (818) 993-4471 | (805) 993-7565 |

WAN,JENNIFER J - 281147

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 | (805) 652-6201 | (805) 641-4416 |

WAN,JENNIFER J - 281083

Group Affiliation: CALIF CARDIOVASCULAR & THORACIC SURGEONS

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 508, VENTURA, CA 93003-2840 | (805) 643-2375 | (805) 643-3511 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

YASUDA,RODERICK K - 281259

Group Affiliation: SOLTERO & YASUDA ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 135, OXNARD, CA 93030 | (818) 993-4471 | (818) 993-7565 |

TRAUMATIC SURGERY

VAN SANT,LAUREN - 281264

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 | (805) 652-6000 | (805) 648-9561 |

URGENT CARE

ACADEMIC FAMILY MED CTR URGENT CARE - 880262

Group Affiliation: VENTURA COUNTY MEDICAL CTR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 300 HILLMONT AVE BLDG 340 #101 M - F 9AM-6PM, SA 9AM-4PM, VENTURA, CA 93003-3099 | (805) 652-6500 | (805) 652-3344 |

CFH SANTA PAULA URGENT CARE - 880006

Group Affiliation: CMH CENTERS FOR FAMILY HEALTH

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---------|--------|------|
|----------|---------|--------|------|

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 1 242 E HARVARD BLVD STE C M-SU 9AM-8PM, SANTA PAULA, CA 93060-3372 (805) 525-9595 (805) 525-6667

CONEJO VALLEY URGENT CARE - 888812

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 125 W THOUSAND OAKS BL STE 200 M-SAT 8AM-5PM / SUN CLOSED, THOUSAND OAKS, CA 91360-4412 | (805) 418-9105 | (805) 418-9114 |

LAS ISLAS URGENT CARE - 880260

Group Affiliation: VENTURA COUNTY MEDICAL CTR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 325 W CHANNEL ISLANDS BLVD M-SU 8AM-5PM, OXNARD, CA 93033-4501 | (805) 204-9500 | (805) 483-4379 |

MAGNOLIA URGENT CARE - 880259

Group Affiliation: VENTURA COUNTY MEDICAL CTR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2240 E GONZALES RD M-F 9AM-7PM, SA/SU 9AM-5PM, OXNARD, CA 93036-8210 | (805) 981-5181 | (805) 981-5188 |

SIERRA VISTA URGENT CARE - 880261

Group Affiliation: VENTURA COUNTY MEDICAL CTR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1227 E LOS ANGELES AVE M-F 9AM-630PM, SA-SUN 8AM-4:30PM, SIMI VALLEY, CA 93065-2871 | (805) 582-4050 | (805) 579-0210 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

SOLAR URGENT CARE - 888911

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 2100 SOLAR DR STE 100, OXNARD, CA 93036 | (805) 988-9000 | (805) 988-9089 |

VENTURA URGENT CARE CENTER - 888912

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 5725 RALSTON ST STE 101, VENTURA, CA 93003 | (805) 658-2273 | (805) 639-9446 |

WEST VENTURA URGENT CARE - 850270

Group Affiliation: VENTURA COUNTY MEDICAL CTR

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 133 W SANTA CLARA ST MONDAY-FRIDAY, 8AM-6PM, VENTURA, CA 93001-2543 | (805) 641-5620 | (805) 641-5621 |

UROLOGY

ABOSEIF,SHERIF - 280496

Group Affiliation:

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 1901 HOLSER WALK STE 310, OXNARD, CA 93036-2633 | (805) 973-5902 | (805) 973-5905 |
| OFFICE 2 | 2486 N PONDEROSA D BLDG D STE 202, CAMARILLO, CA 93010 | (805) 973-5902 | (805) 973-5905 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

BEAGHLER (CMH),MARC A - 250907

Group Affiliation: SAN BUENAVENTURA UROLOGY CENTER

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2705 LOMA VISTA RD STE 206, VENTURA, CA 93003-1584 | (805) 643-4067 | (805) 648-5612 |

BOWMAN,RYAN - 280528

Group Affiliation: VCMC UROLOGY CLINIC

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 300 HILLMONT AVE BLDG 340 #402, VENTURA, CA 93003-3099 | (805) 652-6210 | (805) 652-6299 |
| | OFFICE 2 | 2000 OUTLET CENTER DR STE 110, OXNARD, CA 93036-0608 | (805) 604-4588 | (805) 604-7469 |

KHODDAMI (CMH),SEYED M - 280399

Group Affiliation: SAN BUENAVENTURA UROLOGY CENTER

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| PERSIAN | Office # | Street: | Phone: | Fax: |
| FARSI | OFFICE 1 | 2705 LOMA VISTA RD STE 206, VENTURA, CA 93003-1584 | (805) 643-4067 | (805) 648-5612 |

LEE,KEVIN K - 281175

Group Affiliation:

Language(s):

| | | | | |
|--|-----------------|--|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 1901 HOLSER WALK STE 310, OXNARD, CA 93036 | (805) 973-5902 | (805) 973-5905 |

POON,MICHAEL W - 281139

Group Affiliation: SAN BUENAVENTURA UROLOGY CENTER

Language(s):

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2705 LOMA VISTA RD STE 206, VENTURA, CA 93003-1584 | (805) 643-4067 | (805) 648-5612 |
| OFFICE 2 | 5800 SANTA ROSA RD STE 149, CAMARILLO, CA 93012-7061 | (805) 465-8900 | (805) 465-8920 |

WONG, KELVIN S - 280505

Group Affiliation:

Language(s):

SPANISH

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1901 HOLSER WALK STE 310, OXNARD, CA 93036-2633 | (805) 973-5902 | (805) 973-5905 |

VASCULAR SURGERY

ALBAUGH, GREGORY - 280971

Group Affiliation: COASTAL VASCULAR CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2841 N VENTURA RD STE 200, OXNARD, CA 93036-2213 | (805) 983-6233 | (805) 983-2459 |

BABER JR, JOHN - 281113

Group Affiliation: COASTAL VASCULAR CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2841 N VENTURA RD STE 200, OXNARD, CA 93036-2213 | (805) 983-6233 | (805) 983-2459 |

BLITZER, DAVID - 281247

Group Affiliation: PACIFIC CARDIOVASCULAR & VEIN INSTITUTE

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|---------|--------|------|
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DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

| | | | |
|----------|---|----------------|----------------|
| OFFICE 1 | 2000 OUTLET CTR DR STE 225, OXNARD, CA 93036-0605 | (805) 643-3330 | (805) 643-3331 |
| OFFICE 2 | 100 N BRENT ST STE 201, VENTURA, CA 93003 | (805) 643-3330 | (805) 643-3331 |
| OFFICE 3 | 3901 LAS POSAS RD STE 17, CAMARILLO, CA 93010 | (805) 643-3330 | (805) 643-3331 |

GUO, SYDNEY - 281187

Group Affiliation:

Language(s):

MANDARIN

| Office # | Street: | Phone: | Fax: |
|----------|---|----------------|----------------|
| OFFICE 1 | 1901 OUTLET CENTER DR STE 210, OXNARD, CA 93036 | (805) 456-8890 | (805) 456-8894 |
| OFFICE 2 | 2605 LOMA VISTA RD, VENTURA, CA 93003 | (805) 456-8890 | (805) 456-8894 |

KONG, LI SHENG - 280314

Group Affiliation: PACIFIC CARDIOVASCULAR & VEIN INSTITUTE

Language(s):

MANDARIN

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 100 N BRENT ST STE 201, VENTURA, CA 93003-2836 | (805) 643-3330 | (805) 643-3331 |
| OFFICE 2 | 2000 OUTLET CENTER DR STE 225, OXNARD, CA 93036-0612 | (805) 643-3330 | (805) 643-3331 |
| OFFICE 3 | 3901 LAS POSAS RD STE 17, CAMARILLO, CA 93010 | (805) 643-3330 | (805) 643-3331 |

MAJOR, KEVIN - 280350

Group Affiliation: COASTAL VASCULAR CENTER

Language(s):

| Office # | Street: | Phone: | Fax: |
|----------|--|----------------|----------------|
| OFFICE 1 | 2841 N VENTURA RD STE 200, OXNARD, CA 93036-2213 | (805) 983-6233 | (805) 983-2459 |
| OFFICE 2 | 3901 LAS POSAS RD STE 16, CAMARILLO, CA 93010-1504 | (805) 484-6900 | (805) 484-7788 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

QUIRK,KAREN - 280483

Group Affiliation: COASTAL VASCULAR CENTER

Language(s):

| | | | | |
|--------|-----------------|--|----------------|----------------|
| KOREAN | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 2841 N VENTURA RD STE 200, OXNARD, CA 93036-2213 | (805) 983-6233 | (805) 983-2459 |

SKILLERN,C SHAWN - 281196

Group Affiliation: PACIFIC CARDIOVASCULAR & VEIN INSTITUTE

Language(s):

| | | | | |
|--|-----------------|--|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 100 N BRENT ST STE 201, VENTURA, CA 93003-2822 | (805) 643-3330 | (805) 643-3331 |
| | OFFICE 2 | 2000 OUTLET CENTER DR STE 225, CAMARILLO, CA 93003 | (805) 643-3330 | (805) 643-3331 |
| | OFFICE 3 | 3901 LAS POSAS RD STE 17, CAMARILLO, CA 93010 | (805) 643-3330 | (805) 643-3331 |

WOUND CARE

BRAND,LISA - 280562

Group Affiliation:

Language(s):

| | | | | |
|--|-----------------|---|----------------|----------------|
| | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 4542 LAS POSAS RD STE D, CAMARILLO, CA 93010-2374 | (805) 322-8490 | (805) 586-8066 |

CHAMBERS,DARIN T - 280554

Group Affiliation: MEDICINE SPECIALTY CENTER WEST

Language(s):

| | | | | |
|---------|-----------------|--|----------------|----------------|
| SPANISH | Office # | Street: | Phone: | Fax: |
| | OFFICE 1 | 325 W CHANNEL ISLANDS BLVD, OXNARD, CA 93033 | (805) 204-9500 | (805) 240-2128 |

DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

EL FATMI,MOUNIR - 281250

Group Affiliation:

Language(s):

| | Office # | Street: | Phone: | Fax: |
|--------|-----------------|---------------------------------------|----------------|----------------|
| ARABIC | | | | |
| FRENCH | OFFICE 1 | 2309 ANTONIO AVE, CAMARILLO, CA 93010 | (805) 389-5944 | (805) 383-7462 |