

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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### ALLERGY & IMMUNOLOGY

**TANUS TONNY,**

Group Affiliation: KERN ALLERGY MEDICAL CLINIC INC

Language(s) SPANISH

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

**BOREN ERIC, J**

Group Affiliation: KERN ALLERGY MEDICAL CLINIC INC

Language(s)

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

### ANESTHESIOLOGY - PAIN MANAGEMENT

**WILSON CHRISTOPHER, E**

Group Affiliation: PAIN INSTITUTE OF CALIFORNIA, INC.

Language(s) SPANISH  
SPANISH

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

## DHMN-CC Specialty & Ancillary Provider Roster

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**KHOURY PHILIP, G**

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

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

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

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### AUDIOLOGY

**ANDERSEN DOUGLAS, E**

Group Affiliation: **DOUGLAS E. ANDERSEN**

Language(s) **SPANISH**

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

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**WARNER WENDY, P**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8307 BRIMHALL RD STE 1706, BAKERSFIELD CA 93312	661-414-0270	661-362-0228

## DHMN-CC Specialty & Ancillary Provider Roster

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### CARD - CARDIOVASCULAR DISEASE

**CHAUDHRY MUHAMMAD, A**

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

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

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

**BANERJEE SUPRATIM,**

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

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

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

**BANERJEE SUPRATIM,**

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

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

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**THAYAPRAN NALLATHAMBY,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-323-4278	661-631-5546

**BHAMBHI BRIJESH, K**

**Group Affiliation: CENTRIC HEALTH**

Language(s) **SPANISH**

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

**SINGH SARABJIT, K**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	4000 PHYSICIANS BLVD STE E101, BAKERSFIELD CA 93301	661-327-0807	661-327-7593

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**KHAN NASSER, U**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-631-5544	661-631-5546
SPANISH				
HINDI / PUNJABI				
URDU				

**SANDHU RASHAM, DS**

**Group Affiliation: CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	8307 BRIMHALL RD STE 1702, BAKERSFIELD CA 93312	661-443-0088	661-443-0087
PUNJABI				

**SALVO JARED, M**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	500 OLD RIVER RD STE 260, BAKERSFIELD CA 93311	661-843-6464	611-282-8417
SPANISH				

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**HABIB MOKSEDUL,**

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

Language(s)

**BENGALI**

Office #

**OFFICE 1**

Street:

**5945 TRUXTUN AVE , BAKERSFIELD CA 93309**

Phone:

**661-631-5544**

Fax:

**661-631-5546**

---

**PUGA LEOPOLDO,**

Group Affiliation: **CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s) **SPANISH**

Office #

**OFFICE 1**

Street:

**8307 BRIMHALL RD STE 1702, BAKERSFIELD CA 93312**

Phone:

**661-327-7842**

Fax:

**661-327-4757**

---

**AGGARWAL ATUL,**

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

Language(s) **SPANISH**

Office #

**OFFICE 1**

Street:

**1018 CALLOWAY DR , BAKERSFIELD CA 93312**

Phone:

**661-664-0100**

Fax:

**661-664-0111**

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**GONZALEZ ARMANDO,**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE B201, BAKERSFIELD CA  
93301

661-321-3161

661-321-3166

---

**NALOS PETER, C**

Group Affiliation: **PETER NALOS, M.D.**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2901 SILLECT AVE STE 100, BAKERSFIELD CA  
93308

661-323-8384

661-323-9326

---

**NAJJAR EMAD, S**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

5945 TRUXTUN AVE , BAKERSFIELD CA 93309

661-323-4278

661-631-5546

OFFICE 1

432-B LEXINGTON AVE , DELANO CA 93215

661-323-4278

OFFICE 3

20041 W VALLEY BLVD , TEHACHAPI CA 93561

661-323-4278

661-631-5546

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**NAIR SHYAM, K**

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

Language(s) **SPANISH**

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

---

**DESAI KIRIT, R**

Group Affiliation: **CENTRIC HEALTH**

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

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

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**KYAW HTOO,**

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

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

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

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## DHMN-CC Specialty & Ancillary Provider Roster

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**GHANDFOROUSH ASLAN, G**

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

<b>Language(s)</b>	<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
	OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-631-5544	661-631-5546

**MEHTA VIRAL, Y**

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

<b>Language(s)</b>	<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
SPANISH	OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-631-5544	661-631-5546
HINDI	OFFICE 1	432 LEXINGTON ST BLDG B, DELANO CA 93215	661-725-7818	
GUJARATI				
SPANISH				

**LEE TOMMY, C**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

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

## DHMN-CC Specialty & Ancillary Provider Roster

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**KHAN NASSER, U**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

20041 W VALLEY BLVD UNIT 4, TEHACHAPI CA  
93561

661-823-8604

661-823-7638

---

### CARD - CLINICAL CARDIAC ELECTROPHYSIOLOGY

**SINGH GURJIT,**

Group Affiliation: **CALIFORNIA CARDIOVASCULAR INSTITUTE**

Language(s) **SPANISH**

**PUNJABI**

**HINDI**

Office #

Street:

Phone:

Fax:

OFFICE 1

8307 BRIMHALL RD STE 1702, BAKERSFIELD CA  
93312

661-443-0088

661-443-0087

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### CARD - INTERVENTIONAL CARDIOLOGY

## DHMN-CC Specialty & Ancillary Provider Roster

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**THOMPSON CALEB, D**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

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

**BAKSH MUHAMMAD, U**

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

Language(s)	Office #	Street:	Phone:	Fax:
SPANISH	OFFICE 1	5945 TRUXTUN AVE , BAKERSFIELD CA 93309	661-323-4278	661-631-5546
URDU, HINDI	OFFICE 1	432-B LEXINGTON AVE , DELANO CA 93215	661-323-4278	
PUNJABI	OFFICE 3	20041 W VALLEY BLVD UNIT #4, TEHACHAPI CA 93561	661-323-4278	661-631-5546
SPANISH				

### CHIROPRACTIC MEDICINE

**MORRIS JON , R**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2100 19TH ST STE C, BAKERSFIELD CA 93301	661-246-4026	661-246-4020

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**SPARKS KEITH, L**

Group Affiliation: **KEITH L SPARKS**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

8501 CAMINO MEDIA STE 200, BAKERSFIELD CA  
93311

661-665-1800

661-665-8858

---

**SHROPSHIRE KRISTAL, D**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2530 F ST STE 102, BAKERSFIELD CA 93301

661-864-7999

661-864-7997

---

**HAMILTON CAROL, V**

Group Affiliation: **CAROL V HAMILTON**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1241 7TH ST , WASCO CA 93280

661-758-3001

661-758-4492

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## DHMN-CC Specialty & Ancillary Provider Roster

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**REYES JOSE, S**

Group Affiliation: **VANGUARD MEDICAL CORPORATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

565 KERN ST , SHAFTER CA 93263

661-459-1000

855-200-2829

---

**HOFFMAN GRANT, D**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2140 BRUNDAGE LN , BAKERSFIELD CA 93304

661-873-4742

661-873-4734

---

**HERRERA RUDY, B**

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

Language(s) **SPANISH**

**SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

3015 CALLOWAY DR STE D6, BAKERSFIELD CA  
93312

661-634-9900

661-903-8888

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## DHMN-CC Specialty & Ancillary Provider Roster

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**HEYART GREGORY, R**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1001 TOWER WAY STE 130, BAKERSFIELD CA  
93309

661-327-2622

661-327-0614

---

**SALYERS STEVEN, C**

Group Affiliation: **STEVEN SALYERS DC**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

1001 TOWER WAY STE 130, BAKERSFIELD CA  
93309

661-327-7074

661-327-0614

---

**BRAMLETT BOBBY, J**

Group Affiliation: **BOBBY J BRAMLETT**

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

6001 TRUXTUN AVE STE D400, BAKERSFIELD CA  
93309

661-321-3466

661-323-8472

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## DHMN-CC Specialty & Ancillary Provider Roster

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**FLORES DAVID, C**

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

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

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

---

**GARCIA ALICIA, E**

Group Affiliation: **VANGUARD MEDICAL CORPORATION**

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	845 7TH ST , WASCO CA 93280	661-459-1000	855-200-2829
OFFICE 1	565 KERN ST , SHAFTER CA 93263	661-746-4937	

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### DERM - DERMATOLOGY

**TREANOR SHANNA, L**

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

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

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**TANG NIKKI, DY**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	300 OLD RIVER RD STE 120, BAKERSFIELD CA 93311	661-322-2700	661-427-4587
OFFICE 1	5600 CALIFORNIA AVE STE 101, BAKERSFIELD CA 93311	661-322-2700	
OFFICE 3	8605 CAMINO MEDIA STE 300, BAKERSFIELD CA 93311	661-322-2700	661-427-4587

**ABAZA SAM,**

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

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

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



## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**RASKIN BERNARD,**

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

Language(s)

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

**DRAYER JEFFREY, A**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8605 CAMINO MEDIA STE 300, BAKERSFIELD CA 93311	661-322-2700	661-427-4585
OFFICE 1	876 W GRAND AVE , PORTERVILLE CA 93257	951-412-1540	

**FERNANDEZ GEOVER,**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**MEHDI RAZA,**

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

Language(s) **SPANISH**

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

---

**TOTORAITIS KRISTIN, E**

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

Language(s) **SPANISH**

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**TAHERI DANIEL, P**

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

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

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

---

**WINKELMANN RICHARD, R**

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

Language(s)

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**AWADALLA FARAH, C**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	5600 CALIFORNIA AVE STE 101, BAKERSFIELD CA 93309	661-322-2700	661-427-4587
OFFICE 1	300 OLD RIVER RD STE 120, BAKERSFIELD CA 93311	661-322-2700	
OFFICE 3	1317 MAIN ST STE B, DELANO CA 93215	661-430-9070	661-430-9078
OFFICE 4	1200 N CHINA LAKE BLVD STE A, RIDGECREST CA 93555	760-446-9007	760-446-6900

---

**CARDENAS ANA, A**

**Group Affiliation: ANA CARDENAS DERMATOLOGY, A PROFESSIONAL CORPORATION**

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

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**CROWLEY JEFFREY, J**

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

Language(s) **SPANISH**

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

**CABRAL ERIK, S**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	276 S MILL ST STE B & C, TEHACHAPI CA 93561	661-388-5240	661-266-8751
OFFICE 1	1317 MAIN ST STE B, DELANO CA 93215	661-430-9070	
OFFICE 3	876 W GRAND AVE , PORTERVILLE CA 93257	951-412-1540	951-412-1541

**SHAPIRO STEVEN,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	876 W GRAND AVE , PORTERVILLE CA 93257	951-412-1540	951-412-1541
OFFICE 1	144 SOUTH L ST , TULARE CA 93274	661-322-2700	
OFFICE 3	2323 W CALDWELL AVE , VISALIA CA 93277	559-931-0800	559-931-0801

**EM - EMERGENCY MEDICINE**

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**AMMARI RAZAN,**

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

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

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

---

### FM - FAMILY MEDICINE

**LOPEZ SARAH, J**

**Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

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

---

### MED - ENDOCRINOLOGY DIABETES & METABOLISM

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SINGH ATAM, B**

Group Affiliation: **CENTRIC HEALTH**

Language(s) **SPANISH**

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

**SHAH HARSHIT, R**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

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

**ETTINGER VICTOR,**

Group Affiliation: **KERN VALLEY HEALTHCARE DISTRICT**

Language(s) **SPANISH**

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DUGGAL JASLEEN, K**

Group Affiliation: **CENTRIC HEALTH**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1 3008 SILLECT AVE STE 220, BAKERSFIELD CA  
93308

661-748-1999

661-748-1815

---

### MED - GASTROENTEROLOGY

**BHOGAL NEIL,**

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

Language(s) **SPANISH**

Office #

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OFFICE 1 5959 TRUXTUN AVE , BAKERSFIELD CA 93309

661-324-1203

661-321-3271

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**PERUMALSAMY KUMARAVEL, S**

Group Affiliation: **GASTRO CARE INSTITUTE**

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

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

**KALHA ISHAAN, S**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	5959 TRUXTUN AVE STE 200, BAKERSFIELD CA 93309	661-324-1203	661-716-6630
OFFICE 1	1519 GARCES HWY STE 3, DELANO CA 93215	661-324-1203	

**KRISHAN RAJEEV,**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9900 STOCKDALE HWY STE 208, BAKERSFIELD CA 93311	661-735-3915	661-367-9533

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BHOGAL RABINDER, S**

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

Language(s)

HINDI  
SPANISH

Office #

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661-324-1203

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661-324-3195

**TYAGI VIVAIAK,**

**Group Affiliation: GASTRO CARE INSTITUTE**

Language(s)

SPANISH  
PUNJABI

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43944 15TH ST W STE 201, LANCASTER CA 93534  
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OFFICE 1

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OFFICE 3

20211 VALLEY BLVD , TEHACHAPI CA 93561

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661-529-7560

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MATUK ROBIN, A**

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

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
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**BHAIKA HARPAL, S**

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

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

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CHOWDHURY TABASSUM, A**

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

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

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93309

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661-324-1203

**Fax:**  
661-324-3195

---

**MANU RAJEEV, R**

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

**Language(s)** SPANISH  
INDIAN  
SPANISH

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OFFICE 1 9870 BRIMHALL RD STE 100, BAKERSFIELD CA  
93312

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661-587-7611

**Fax:**  
661-587-7612

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**RAVI NANDAKUMAR, B**

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

**Language(s)** SPANISH  
KANNADA

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93312

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661-588-8725

**Fax:**  
661-588-8749

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### MED - HEMATOLOGY

**PATEL RAVI,**

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

Language(s)

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6501 TRUXTUN AVE , BAKERSFIELD CA 93309

661-322-2206

661-633-3669

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**CARTMELL ALAN, D**

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

Language(s)

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Phone:

Fax:

SPANISH

OFFICE 1

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661-322-2206

661-633-3669

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**SHAMBAUGH SHAWN, C**

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

Language(s) SPANISH, HINDI, P

Office #

Street:

Phone:

Fax:

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661-322-2206

661-633-3669

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KANAMORI DAVID, E**

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

Language(s)

SPANISH

Office #

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Phone:

661-322-2206

Fax:

661-633-3669

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**CIAROLLA ANTHONY, A**

Group Affiliation: **WESTERN PACIFIC HEMATOLOGY- ONCOLOGY MEDICAL GROUP, INC.**

Language(s)

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500 OLD RIVER RD STE 205, BAKERSFIELD CA 93311

Phone:

661-654-8211

Fax:

661-654-8219

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**PATIL SADANAND,**

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

Language(s) SPANISH

Office #

OFFICE 1

Street:

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-322-2206

Fax:

661-322-7027

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**NGUYEN VINH-LINH, B**

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

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

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

**Phone:**  
**661-491-5060**

**Fax:**  
**661-379-6363**

**SPANISH**

---

### **MED - HIV/AIDS MEDICINE**

**REFUGIO OLIVER,**

**Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER**

Language(s) **SPANISH**

Office # **Street:**  
**OFFICE 1 9300 N LOOP BLVD STE C, CALIFORNIA CITY CA  
93505**

**Phone:**  
**661-874-4050**

**Fax:**  
**888-977-1571**

---

### **MED - HOSPICE/PALLIATIVE CARE**

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HUERTA GALINDO JUAN, C**

Group Affiliation: **CLINICA SIERRA VISTA**

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

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

Phone: **833-678-2781**

Fax: **661-368-0618**

---

**PATEL RISHI,**

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

Language(s) **SPANISH**

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Phone: **661-322-2206**

Fax: **661-327-7027**

---

### MED - INFECTIOUS DISEASE

**SENINING RANDOLPH, C**

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

Language(s) **FILIPINO**

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

Phone: **661-322-2206**

Fax: **661-633-3669**

---



## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FELIZARTA FRANCO, A**

**Group Affiliation: FRANCO ANTONIO BALAMBAN FELIZARTA**

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

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

---

**ROSHAN BAKHT,**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

---

**AMIN NAVINCHANDRA, M**

**Group Affiliation: CENTRIC HEALTH**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>4813 COFFEE RD STE 200, BAKERSFIELD CA 93308</b>	<b>661-664-0252</b>	<b>661-664-2717</b>

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MU ANANDIT,**

Group Affiliation: **CLINICA SIERRA VISTA**

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

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

Phone:  
**559-457-5200**

Fax:  
**559-457-5296**

---

**RAMAN SHANKAR,**

Group Affiliation: **SHANKAR RAMAN INC**

Language(s)

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

Phone:  
**661-436-1635**

Fax:  
**661-864-1105**

---

**KITT SEE-RUERN, S**

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

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

Office # Street:  
**OFFICE 1 2323 16TH ST STE 108, BAKERSFIELD CA 93301**

Phone:  
**661-325-2448**

Fax:  
**661-325-7425**

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HEIDARI-FOROUSHANI ARASH,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE B231, BAKERSFIELD CA  
93301

661-665-0505

661-864-2190

---

### MED - INTERNAL MEDICINE

**MEMON PARVEZ, R**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #

Street:

Phone:

Fax:

URDU

OFFICE 1

3838 SAN DIMAS ST STE B111, BAKERSFIELD CA  
93301

661-616-1030

661-616-1050

OFFICE 1

9500 STOCKDALE HWY STE 203, BAKERSFIELD CA  
93311

661-587-8110

OFFICE 3

3838 SAN DIMAS ST STE A200, BAKERSFIELD CA  
93301

661-327-8538

661-327-5432

---

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**BANSAL RUCHI,**

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

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

**ARENAS FRANCIS,**

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

Language(s)	Office #	Street:	Phone:	Fax:
HINDI, PUNJABI, S	OFFICE 1	5401 WHITE LANE , BAKERSFIELD CA 93309	661-396-7100	661-399-4224
SPANISH	OFFICE 1	5400 ALDRIN CT , BAKERSFIELD CA 93313	661-735-8867	

**MED - MEDICAL ONCOLOGY**

**GAITANIS ALEXANDER,**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	4500 MORNING DR STE 105, BAKERSFIELD CA 93306	661-491-5060	844-742-2324

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### MED - NEPHROLOGY

**SAXENA NISHKARSH,**

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

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

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

---

**GERARDINE SUPRIYA, S**

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

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

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

---

**CHEN SHAN SHAN,**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s)  
**BURMESE**  
**CHINESE**

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OFFICE 1	625 34TH ST STE 100 & 200, BAKERSFIELD CA 93301	833-678-2781	661-368-0618

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KHANNA APURV,**

Group Affiliation: **KERN NEPHROLOGY MEDICAL GROUP**

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

Office #	Street:	Phone:	Fax:
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**DHAYALAN DHAYANITHI,**

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

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

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OFFICE 1	233 CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709
OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	
OFFICE 3	900 N DOUTY ST STE B, HANFORD CA 90509	559-228-6600	559-226-3709

**ALI SLAMAT,**

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

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

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**MUBIN TARIQ,**

Group Affiliation: **KERN NEPHROLOGY MEDICAL GROUP**

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

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OFFICE 1	5030 OFFICE PARK DR , BAKERSFIELD CA 93309	661-323-2847	661-323-2261
OFFICE 1	1980 CECIL AVE , DELANO CA 93215	661-323-2847	

**RAM PANKAJ, P**

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

Language(s) **SPANISH, PUNJAB**

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OFFICE 1	1313 HERNDON AVE STE 106, FRESNO CA 93720	559-228-6600	559-226-3709
OFFICE 1	568 E HERNDON AVE STE 201, FRESNO CA 93720	559-228-6600	
OFFICE 3	800 N ST , SANGER CA 93657	559-228-6600	559-226-3709
OFFICE 4	233 E CALDWELL AVE , VISALIA CA 93277	559-228-6600	559-226-3709

**DUMLAO MELODY, G**

Group Affiliation: **KERN NEPHROLOGY MEDICAL GROUP**

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

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MOKRI PARHAM, A**

**Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP**

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

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

---

**PARIMOO NAKUL,**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

**CHAPAGAIN BIKASH,**

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

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

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**SOURIAL MARYANNE,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	233 E CALDWELL ST , VISALIA CA 93277	559-228-6600	559-226-3709
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**JOSHI SUDHIR, S**

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

Language(s)  
**PUNJABI**

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

**KATIBAH IBRAHIM,**

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

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

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**KAZMI HASHIM, R**

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

**Language(s) SPANISH, PUNJAB**

Office #	Street:	Phone:	Fax:
OFFICE 1	3933 COFFEE RD STE B, BAKERSFIELD CA 93308	661-588-9999	661-588-9041
OFFICE 1	1205 GARCES HWY STE 101, DELANO CA 93215	559-228-6600	
OFFICE 3	20041 VALLEY BLVD UNIT 3, TEHACHAPI CA 93561	559-228-6600	559-226-3709
OFFICE 4	6621 LAKE ISABELLA BLVD , LAKE ISABELLA CA 93240	661-588-9999	661-588-9041

---

**BHARDWAJ RAHUL,**

**Group Affiliation: KERN NEPHROLOGY MEDICAL GROUP**

**Language(s) SPANISH  
HINDI  
BENGALI**

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

---

**WIN YIN, L**

**Group Affiliation: CLINICA SIERRA VISTA**

**Language(s)**

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KAMATH SONIA,**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office # Street:

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

Phone:

833-678-2781

Fax:

661-368-0618

---

### MED - PULMONARY DISEASE

**RAUF KHALED,**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s)

Office # Street:

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

Phone:

833-678-2781

Fax:

661-368-0618

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ASHRAF-ALIM MUHAMMAD,**

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

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

**VAGHASIA PRAMIL, B**

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

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

**CHANDRASEKHAR JAYARAMAN,**

**Group Affiliation: J CHANDRASEKHAR, INC**

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SAINI GURSHARAN,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	5801 TRUXTUN AVE , BAKERSFIELD CA 93309	661-327-3747	661-616-3237
OFFICE 1	109 ADKISSON WAY , TAFT CA 93268	661-327-3747	

---

**HANSA SAHAPHUN, N**

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

Language(s)  
**THAI**

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

---

**AHMED MUSHTAQ,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	5801 TRUXTUN AVE , BAKERSFIELD CA 93309	661-327-3747	661-327-2725

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ALAM SYED, M**

Group Affiliation: **SYED ALAM PULMONOLOGY, INC.**

Language(s)

URDU  
SPANISH

Office #  
OFFICE 1

Street:  
5531 BUSINESS PARK S STE 201, BAKERSFIELD CA  
93309

Phone:  
661-324-7300

Fax:  
661-324-7306

---

**GOYAL RAJAN,**

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

Language(s) SPANISH  
HINDI  
PUNJABI  
  
BENGALI

Office #  
OFFICE 1

Street:  
5531 BUSINESS PARK S STE 201, BAKERSFIELD CA  
93309

Phone:  
661-324-7300

Fax:  
661-324-7306

---

**LAUGHLIN ROBERT, L**

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

Language(s)

Office #  
OFFICE 1

Street:  
3838 SAN DIMAS ST STE A250, BAKERSFIELD CA  
93301

Phone:  
661-323-5300

Fax:  
661-323-5455

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### MED - RHEUMATOLOGY

**KOVALOW-ST JOHN KAREN, A**

**Group Affiliation: RHEUMATOLOGY SERVICES MEDICAL GROUP**

Language(s) **SPANISH, CHINESE**

Office # **Street:**

**OFFICE 1 8329 BRIMHALL RD STE 801, BAKERSFIELD CA 93312**

**Phone:**

**661-695-8385**

**Fax:**

**661-679-6801**

---

**BHINDER SUMEET, K**

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

Language(s) **SPANISH**

Office # **Street:**

**OFFICE 1 6001 TRUXTUN AVE STE A160, BAKERSFIELD CA 93309**

**Phone:**

**661-588-4001**

**Fax:**

**661-588-4042**

**INDIAN**

**PUNJABI**

**SPANISH**

---

**KIM JIM, C**

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

Language(s) **SPANISH, CHINESE**

Office # **Street:**

**OFFICE 1 2203 17TH ST , BAKERSFIELD CA 93301**

**Phone:**

**661-716-0333**

**Fax:**

**661-716-1288**

**KOREAN**

**CHINESE**

**TAGALOG**

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BACON JEFFREY, K**

Group Affiliation: **RHEUMATOLOGY SERVICES MEDICAL GROUP**

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

Office #  
**OFFICE 1**

Street:  
**8329 BRIMHALL RD STE 801, BAKERSFIELD CA  
93312**

Phone:  
**661-695-8385**

Fax:  
**661-679-6801**

---

**LI YI,**

Group Affiliation: **RHEUMATOLOGY SERVICES MEDICAL GROUP**

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

Office #  
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**8329 BRIMHALL RD STE 801, BAKERSFIELD CA  
93312**

Phone:  
**661-695-8385**

Fax:  
**661-679-6801**

---

**MED - SLEEP MEDICINE**



## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**SANDHU AHANA,**

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

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

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

---

**NATUROPATHY**

**GADDAM KALYAN,**

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

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

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

---

**NEURO - NEUROLOGICAL SURGERY**

**ROSENTHAL PHILIP ,**

**Group Affiliation: PHILIP ROSENTHAL MD PC**

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

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LERAMO OLUSEGUN, B**

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 2601 OSWELL ST STE 101, BAKERSFIELD CA 93306 661-872-9999 661-872-9988**

---

**ABUMERI IMAD,**

Group Affiliation: **IMAD ABUMERI, M.D., INC,**

Language(s) **TAGALOG**  
**LEBENESE**

Office # Street:

Phone:

Fax:

**OFFICE 1 2001 F ST , BAKERSFIELD CA 93301 661-404-4731 661-404-4732**

---

**RAHIMIFAR MAJID,**

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 2601 OSWELL ST STE 101, BAKERSFIELD CA 93306 661-872-9999 661-872-9988**

---

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**SERXNER BENJAMIN, J**

**Group Affiliation: BENJAMIN SERXNER, M.D., INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301 661-632-7126 661-324-3606**

**ECKERMANN JAN, M**

**Group Affiliation: KERN NEUROSURGICAL INSTITUTE, INC.**

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

Office # Street:

Phone:

Fax:

**OFFICE 1 2323 16TH ST STE 407, BAKERSFIELD CA 93301 661-843-7800 661-843-7882**

---

**NEURO - NEUROLOGY**

**LIN JIAN, C**

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

Language(s)

**CANTONESE**

Office # Street:

Phone:

Fax:

**OFFICE 1 1705 28TH ST , BAKERSFIELD CA 93301 661-322-3008 661-322-5507**

---

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**POPA THEODORE, O**

**Group Affiliation: UNITED NEUROSCIENCE, INC**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE 140, BAKERSFIELD CA  
93301

661-632-7126

661-324-3606

**THOMAS KIRON,**

**Group Affiliation: UNITED NEUROSCIENCE, INC**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE A140, BAKERSFIELD CA  
93301

661-632-7126

661-324-3606

OFFICE 1

3838 SAN DIMAS ST STE A250, BAKERSFIELD CA  
93301

661-324-0500

**LABIB SAMEH, S**

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

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

Office #

Street:

Phone:

Fax:

OFFICE 1

1705 28TH ST , BAKERSFIELD CA 93301

661-322-3008

661-322-5507

OFFICE 1

1711 28TH ST STE A, BAKERSFIELD CA 93301

661-322-3008

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**PEDOUIM FARZIN, B**

**Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

4300 BIRCH AVE , LAKE ISABELLA CA 93240

760-379-1791

760-379-1793

---

**KUNHI VEEDU HARI PRASAD,**

**Group Affiliation: UNITED NEUROSCIENCE, INC**

Language(s)

Office #

Street:

Phone:

Fax:

MALAYALAM

OFFICE 1

3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301

661-632-7126

661-324-3606

OFFICE 1

2323 16TH ST STE 400, BAKERSFIELD CA 93301

661-324-0500

---

**NATALI LUIS, C**

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

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

SPANISH

OFFICE 1

8311 BRIMHALL RD STE 1903, BAKERSFIELD CA 93312

661-432-7851

661-432-7852

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**JANAKIRAMAN VENKATESH,**

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

**Language(s) SPANISH  
TAMIL  
HINDI**

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

---

**WILLIAMS JERI, Y**

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

**Language(s)**

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

---

**SAREMI KAVEH,**

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

**Language(s) SPANISH**

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DANDAMUDI VENKATA, S**

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)

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

**ALEXAN-SHIRABAD RICHARD,**

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

Language(s) **SPANISH**  
**FRENCH**  
**ARMENIAN**  
  
**TURKISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	4900 COMMERCE DR STE A, BAKERSFIELD CA 93309	661-395-0900	661-395-0700

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GAJJAR ASHISH, A**

Group Affiliation: **UNITED NEUROSCIENCE, INC**

Language(s)

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

**BIRDI MAHEEP, S**

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

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

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

**ZHANG LING,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	1705 28TH ST , BAKERSFIELD CA 93301	661-322-3008	661-322-5507
OFFICE 1	1711 28TH ST , BAKERSFIELD CA 93301	661-322-3008	



## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**CHAHIL BOOTA, S**

**Group Affiliation: BOOTA S CHAHIL**

Language(s)

HINDI

Office #

Street:

Phone:

Fax:

OFFICE 1 432 LEXINGTON ST STE C, DELANO CA 93215

559-625-0202

661-206-4081

OFFICE 1 117 N AKERS ST STE A, VISALIA CA 93291

559-625-0202

**WANG YAWEN,**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1 1711 28TH ST , BAKERSFIELD CA 93301

661-322-3008

661-322-5507

OFFICE 1 1711 28TH ST STE A, BAKERSFIELD CA 93301

661-322-3008

**ROSENGART AXEL,**

**Group Affiliation: UNITED NEUROSCIENCE, INC**

Language(s)

GERMAN

Office #

Street:

Phone:

Fax:

OFFICE 1 3838 SAN DIMAS ST STE A140, BAKERSFIELD CA 93301

661-632-7126

661-324-3606

OFFICE 1 3838 SAN DIMAS ST STE A250, BAKERSFIELD CA 93301

661-324-0500

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**RAVI VINUTHA, N**

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

**Language(s) SPANISH  
TAGALOG  
HINDI**

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

---

**SABETIAN KATAYOUN,**

**Group Affiliation: KATAYOUN SABETIAN MD INC**

**Language(s) SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2323 16TH ST STE 206, BAKERSFIELD CA 93301</b>	<b>661-322-4601</b>	<b>661-322-6049</b>

---

**RAGOONANAN LAURA,**

**Group Affiliation: UNITED NEUROSCIENCE, INC**

**Language(s) SPANISH**

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### NEURO - NEUROLOGY/PEDIATRIC

**DAVID RAYMUND, R**

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

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

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

---

### NEURO - VASCULAR NEUROLOGY

**HONARI SARA,**

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

Language(s)

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BUI HAO, D**

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

Language(s)

VIETNAMESE

Office #

OFFICE 1

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Phone:

661-387-8333

Fax:

661-241-4052

OFFICE 1

4825 COFFEE RD , BAKERSFIELD CA 93308

661-387-8333

**NGUYEN TIEN, H**

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

Language(s)

VIETNAMESE

Office #

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Phone:

661-387-8333

Fax:

661-241-4052

OFFICE 1

4825 COFFEE RD , BAKERSFIELD CA 93308

661-387-8333

**NUC - NUCLEAR MEDICINE**

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GOULD-SIMON ARON, J**

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

Language(s) **SPANISH**

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

---

### OB - GYNECOLOGIC ONCOLOGY

**TAMMELA JONATHAN, E**

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

Language(s)

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MANRRIQUEZ ERICA, N**

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

Language(s)

SPANISH

Office #

OFFICE 1

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500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

Phone:

661-663-6429

Fax:

661-663-6041

---

### OB - MATERNAL AND FETAL MEDICINE

**SAMADI RAMIN,**

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

Language(s) SPANISH

FARSI

Office #

OFFICE 1

Street:

2501 H ST STE B, BAKERSFIELD CA 93301

Phone:

661-259-5617

Fax:

661-259-9986

---

### OB - OBSTETRICS & GYNECOLOGY

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**ALLEN EDWARD, C**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

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

---

**GHAI SONIA,**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s)

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

---

**MERVIN ADDIAS, C**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GARCIA ANTONIO, L**

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

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

Office #  
**OFFICE 1**

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

Phone:  
**661-322-4902**

Fax:  
**661-322-4904**

---

**AYYAGARI RAMCHANDRA, R**

Group Affiliation: **RAMCHANDRA AYYAGARI MD**

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

Office #  
**OFFICE 1**

Street:  
**3535 SAN DIMAS ST STE 20, BAKERSFIELD CA  
93301**

Phone:  
**661-323-3266**

Fax:  
**661-323-8130**

---

**VARNES KENNETH, J**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #  
**OFFICE 1**

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

Phone:  
**833-678-2781**

Fax:  
**661-368-0618**

---



## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MCDERMOTT ROXANNE, M**

**Group Affiliation: CLINICA SIERRA VISTA**

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

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**833-678-2781**

**Fax:**  
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---

**LASCANO MIGUEL, L**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

Office # **Street:**  
**OFFICE 1 1201 JEFFERSON ST , DELANO CA 93215**  
**OFFICE 1 2300 7TH ST , WASCO CA 93280**

**Phone:**  
**661-721-0737**  
**661-758-4184**

**Fax:**  
**661-721-0738**

---

**ANUCHA CHIBUIKE, E**

**Group Affiliation: CHIBUIKE ENYEREIBE ANUCHA MD, PC.**

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

Office # **Street:**  
**OFFICE 1 3941 SAN DIMAS ST STE 104, BAKERSFIELD CA**  
**93301**

**Phone:**  
**661-637-1006**

**Fax:**  
**661-637-1020**

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MANGAT CHARNPAL, S**

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

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

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

Phone: **661-322-4902**

Fax: **661-322-4904**

---

**YU HANS, C**

Group Affiliation: **HANS C. YU, DO**

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

Office # **OFFICE 1** Street: **9730 BRIMHALL RD STE 1, BAKERSFIELD CA 93312**

Phone: **661-663-0818**

Fax: **661-663-0516**

---

**DENNIS-JOHNSON DEBBIE, A**

Group Affiliation: **ADVENTIST HEALTH DELANO**

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

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

**661-758-4184**

Fax: **661-721-0738**

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MANGAT RAMNEET, K**

Group Affiliation: **CLINICA SIERRA VISTA**

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

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

Phone:  
**833-678-2781**

Fax:  
**661-368-0618**

---

**MELENDEZ PHILIPP, R**

Group Affiliation: **PHILIPP RAMON MELENDEZ, MD**

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

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

Phone:  
**661-325-7103**

Fax:  
**661-325-7132**

---

**BALDONADO JESUS, P**

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

Language(s) **SPANISH**

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

Phone:  
**661-725-1010**

Fax:  
**661-725-1117**

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DELMUNDO NOEL, G**

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

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

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

---

**SRINIVAS VASANTHI,**

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

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

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>2005 17TH ST , BAKERSFIELD CA 93301</b>	<b>661-322-6700</b>	<b>661-322-6707</b>

---

**HASHEMI EMAD, A**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**DATTA BABITA,**

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

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

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

**DATTA TOCK,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

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

**SHARMA RAHUL,**

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

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>323 LEXINGTON ST , DELANO CA 93215</b>	<b>661-725-2512</b>	<b>661-725-2586</b>
<b>OFFICE 1</b>	<b>1217 7TH ST , WASCO CA 93280</b>	<b>661-758-5500</b>	
<b>OFFICE 3</b>	<b>432 LEXINGTON ST , DELANO CA 93215</b>	<b>661-725-2512</b>	

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ROBINSON RHONDA, L**

Group Affiliation: **CLINICA SIERRA VISTA**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

425 DEL SOL PKWY , DELANO CA 93215

661-720-4011

661-720-4012

---

**PEREZ LEONARD,**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**SPANISH**

OFFICE 1

2005 17TH ST , BAKERSFIELD CA 93301

661-322-6700

661-322-6707

---

**PEREZ LEONARD,**

Group Affiliation: **ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

**SPANISH**

OFFICE 1

1201 JEFFERSON ST , DELANO CA 93215

661-721-0737

661-721-0738

OFFICE 1

2300 7TH ST , WASCO CA 93280

661-758-4184

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SHARMA RAHUL,**

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

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

---

**IQBAL SAYEED,**

**Group Affiliation: BARTZ-ALTADONNA COMMUNITY HEALTH CENTER**

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

---

**SRINIVAS VASANTHI,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KLIS GREGORY, R**

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

Language(s) **SPANISH**

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

**SHAKESPEARE CARY, S**

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

Language(s) **SPANISH**

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

**OWENS JOHN, R**

Group Affiliation: **JOHN R OWENS MD**

Language(s) **SPANISH**

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



## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**STEWART DEBRA, L**

**Group Affiliation: CLINICA SIERRA VISTA**

**Language(s) SPANISH**

**Office # Street:**

**Phone:**

**Fax:**

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

**833-678-2781**

**661-368-0618**

---

**DATTA BABITA,**

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

**Language(s) SPANISH**

**Office # Street:**

**Phone:**

**Fax:**

**SPANISH**

**OFFICE 1 1217 7TH ST , WASCO CA 93308**

**661-758-5500**

**661-758-5511**

**HINDI**

**PUNJABI**

---

**KOCSIS TAMAS, S**

**Group Affiliation: CLINICA SIERRA VISTA**

**Language(s) SPANISH**

**Office # Street:**

**Phone:**

**Fax:**

**HUNGARIAN**

**OFFICE 1 8787 HALL RD , LAMONT CA 93241**

**661-845-3731**

**661-845-1157**

**SPANISH**

**OFFICE 1 704 LEBEC RD , LEBEC CA 93243**

**661-248-5250**

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**SANYA RAHIMA, H**

**Group Affiliation: CLINICA SIERRA VISTA**

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

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

---

**SCHLAERTH JOHN, B**

**Group Affiliation: PACIFIC GYNECOLOGIC SPECIALISTS**

Language(s)

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>OFFICE 1</b>	<b>2011 19TH ST , BAKERSFIELD CA 93301</b>	<b>661-326-1401</b>	<b>661-326-1411</b>

---

**HALL LYNOUS, W**

**Group Affiliation: CLINICA SIERRA VISTA**

Language(s)  
**SPANISH**

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

---

**OB - REPRODUCTIVE ENDOCRINOLOGY/INFERTILITY**

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**AYYAGARI RAMCHANDRA, R**

Group Affiliation: **RAMCHANDRA AYYAGARI MD**

Language(s)

HINDI  
SPANISH

Office #

OFFICE 1

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Phone:

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Fax:

661-323-8130

---

### OB - UROGYNECOLOGY

**LEE JUSTIN, T**

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

Language(s)

Office #

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93311

Phone:

661-663-6429

Fax:

661-663-6041

---

### ORTHO - ORTHOPAEDIC SURGERY

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SCHAMBLIN MARK, L**

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

Language(s) **SPANISH**

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

**HAMILTON CHRISTOPHER, D**

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

Language(s) **SPANISH**

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

**MERRIMAN JARRAD,**

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

Language(s) **SPANISH**

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**BALCH KARL, R**

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

Language(s) **SPANISH**

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

**MALERICH MATTHEW, M**

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

Language(s) **SPANISH**

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**FERKEL ERIC, I**

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

Language(s) **SPANISH**

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**UNAL BERKAY,**

Group Affiliation: **BERKAY UNAL MD PC**

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

Office #  
**OFFICE 1**

Street:  
**300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311**

Phone:  
**661-664-2300**

Fax:  
**661-663-6259**

---

**WAHBA GEORGE, M**

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

Language(s) **SPANISH  
ARABIC**

Office #  
**OFFICE 1**

Street:  
**300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311**

Phone:  
**661-664-2300**

Fax:  
**661-663-6711**

---

**COPPOLA ALFRED, J**

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

Language(s) **SPANISH**

Office #  
**OFFICE 1**

Street:  
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93311**

Phone:  
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Fax:  
**661-663-6259**

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**SRIVASTAVA PRAMOD, K**

**Group Affiliation: PRAMOD K. SRIVASTAVA**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	432 LEXINGTON ST STE C, DELANO CA 93215	661-725-0713	661-721-2629
OFFICE 1	110 N D ST , PORTERVILLE CA 93257	559-782-5177	

---

**WAHBA GEORGE, M**

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

**Language(s) SPANISH  
ARABIC**

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

---

**SHAPIRO TODD,**

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

**Language(s) SPANISH**

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SRIVASTAVA PRAMOD, K**

**Group Affiliation: VALLEY HEALTHCARE CENTERS**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	590 W PUTNAM AVE , PORTERVILLE CA 93257	559-781-3700	559-781-4131

---

**GUANCHE CARLOS, A**

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

Language(s) **SPANISH**

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

---

**HERNANDEZ JAIME, D**

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

Language(s) **SPANISH**

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**JAIN NICKUL, S**

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

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

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

**SCHOPLER STEVEN, A**

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

Language(s) **SPANISH**

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

**SAIED FADI, S**

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

Language(s) **SPANISH**

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**COPPOLA ALFRED, J**

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

Language(s) **SPANISH**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
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**SRIVASTAVA KARAN,**

**Group Affiliation: KARAN SRIVASTAVA**

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

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	9610 STOCKDALE HWY STE C, BAKERSFIELD CA 93311	661-544-3352	661-544-3432
OFFICE 1	3008 SILLECT AVE STE 120, BAKERSFIELD CA 93308	661-544-3352	
OFFICE 3	432 LEXINGTON ST STE C, DELANO CA 93215	661-544-3352	661-544-3432
OFFICE 4	110 N D ST , PORTERVILLE CA 93257	661-544-3352	661-725-5030

**OLUYEDE OLUWADAMILOLA,**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### OTO - OTOLARYNGOLOGY HEAD AND NECK SURGERY

**SHETE MONA,**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3838 SAN DIMAS ST STE B231, BAKERSFIELD CA  
93301

661-665-0505

661-864-2190

**ZERLIN GARY, K**

Group Affiliation: **GARY K ZERLIN MD**

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

2103 18TH ST , BAKERSFIELD CA 93301

661-327-3449

661-327-4549

**VADAPALLI SATISH, R**

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

Language(s) SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

8307 BRIMHALL RD STE 1706, BAKERSFIELD CA  
93312

661-855-7447

661-215-1891

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**ARYA SATYA, P**

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

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

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

---

**PED - CARDIOLOGY**

**BANKS AARON, E**

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

Language(s)  
**SPANISH**

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

---

**PED - ENDOCRINOLOGY**

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CHING JOHN, S**

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

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

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

---

### PED - GASTROENTEROLOGY

**AMENT MARVIN, E**

Group Affiliation: **SPECIALTY MEDICAL GROUP CENTRAL CALIFORNIA INC**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>1215 34TH ST , BAKERSFIELD CA 93301</b>	<b>559-353-8800</b>	<b>559-353-8888</b>

---

### PED - NEONATAL/PERINATAL MEDICINE

**BHOGAL MADHU, R**

Group Affiliation: **BHOGAL MEDICAL CORPORATION**

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

Office #	Street:	Phone:	Fax:
<b>OFFICE 1</b>	<b>420 34TH ST , BAKERSFIELD CA 93301</b>	<b>661-541-0739</b>	<b>661-325-0614</b>

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### PED - PEDIATRICS

**YOUNG MATT, N**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

---

### PHYS MED - PAIN MEDICINE

**ROSHAN DANIEL,**

Group Affiliation: **HULLANDER AND MOZINGO LP**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2901 SILLECT AVE STE 200, BAKERSFIELD CA  
93308

661-401-6150

805-563-0364

---

**BRAZILL JOHN, L**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2323 16TH ST STE 504, BAKERSFIELD CA 93301

661-395-1335

661-395-1322

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**PALENCIA ARTURO, E**

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

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

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

**PARMAR ASHOK, M**

Group Affiliation: **UNIVERSAL HEALTHCARE SERVICES, INC.**

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	8303 BRIMHALL RD BLDG 1500, BAKERSFIELD CA 93312	661-587-2468	661-587-6401
OFFICE 1	8325 BRIMHALL RD STE 101, BAKERSFIELD CA 93312	661-587-6992	
OFFICE 3	3550 Q ST STE 201 & 202, BAKERSFIELD CA 93301	661-558-1620	661-558-1621

**HULLANDER ROBERT, M**

Group Affiliation: **HULLANDER AND MOZINGO LP**

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KUCHAKULLA RAGHUNATH, R**

Group Affiliation: **UNIVERSAL HEALTHCARE SERVICES, INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 8303 BRIMHALL RD BLDG 1500, BAKERSFIELD CA 93312 661-587-2468 661-587-6401**

**PIRES DAVID, C**

Group Affiliation: **HULLANDER AND MOZINGO LP**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**SPANISH**

**OFFICE 1 2901 SILLECT AVE STE 200, BAKERSFIELD CA 93308 661-401-6150 805-563-0364**

**PORTUGUESE**

**MUNGALPARA VINOD, N**

Group Affiliation: **UNIVERSAL HEALTHCARE SERVICES, INC.**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 8303 BRIMHALL RD BLDG 1500, BAKERSFIELD CA 93312 661-587-2468 661-587-6401**



## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MOZINGO RALPH, D**

Group Affiliation: **HULLANDER AND MOZINGO LP**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2901 SILLECT AVE STE 200, BAKERSFIELD CA  
93308

661-401-6150

805-563-0364

---

### PHYS MED - PHYSICAL MEDICINE AND REHABILITATION

**ANDERSON BRADFORD, A**

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

Language(s) **SPANISH**

**SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

5001 COMMERCE DR STE 100, BAKERSFIELD CA  
93309

661-616-5726

661-873-4664

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**YOON CHRIS, S**

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

Language(s)

SPANISH  
KOREAN

Office #  
OFFICE 1

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5001 COMMERCE DR STE 100, BAKERSFIELD CA  
93309

Phone:  
661-325-8375

Fax:  
661-633-3799

---

**LIMJOCO BETTINA, T**

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

Language(s) SPANISH

Office #  
OFFICE 1

Street:  
2601 OSWELL ST STE 101, BAKERSFIELD CA 93306

Phone:  
661-872-9999

Fax:  
661-872-9988

---

**YOO JAY, H**

Group Affiliation: **MUSKOGEE REHABILITATION CLINIC, INC**

Language(s) SPANISH  
KOREAN

Office #  
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5251 OFFICE PARK DR STE 120, BAKERSFIELD CA  
93309

Phone:  
661-336-0700

Fax:  
661-336-0200

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DIMMITT EVAN, T**

Group Affiliation: **EVAN DIMMITT**

Language(s)

Office #

Street:

Phone:

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OFFICE 1

5001 COMMERCE DR , BAKERSFIELD CA 93309

661-323-5300

661-410-3222

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**CULL DEEPHI,**

Group Affiliation: **DEEPHI CULL MD PC**

Language(s)

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Street:

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5001 COMMERCE DR , BAKERSFIELD CA 93309

661-323-5500

661-633-3788

---

**LANGLOIS LEO, P**

Group Affiliation: **LANGLOIS MEDICAL CORPORATION**

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

230 S MONTCLAIR ST STE 101, BAKERSFIELD CA  
93309

661-473-1529

661-473-1539

---

**PODIATRIC MEDICINE**

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KIM PAUL, M**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

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

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	440 W PUTNAM AVE , PORTERVILLE CA 93257	559-784-3110	

**KIM SOLOMON,**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	440 W PUTNAM AVE , PORTERVILLE CA 93257	559-784-3110	

**HUBER KYLE,**

Group Affiliation: STOCKDALE PODIATRY GROUP, INC.

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	110 NEW STINE RD , BAKERSFIELD CA 93309	661-832-1667	661-832-7145
OFFICE 1	8307 BRIMHALL RD STE 1704, BAKERSFIELD CA 93312	661-832-1667	

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**HENTO HEATHER, A**

**Group Affiliation: FOOT & ANKLE INSTITUTE**

Language(s) **SPANISH**

**Office #**

**Street:**

**Phone:**

**Fax:**

**OFFICE 1**

**9300 STOCKDALE HWY SUITE 400, BAKERSFIELD  
CA 93311**

**661-663-8483**

**661-663-3095**

---

**LIN TZU LU,**

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

Language(s) **SPANISH**

**Office #**

**Street:**

**Phone:**

**Fax:**

**MANDARIN**

**OFFICE 1**

**110 NEW STINE RD , BAKERSFIELD CA 93309**

**661-832-1667**

**661-832-7145**

---

**JEX CRAIG, T**

**Group Affiliation: FOOT & ANKLE INSTITUTE**

Language(s) **SPANISH**

**Office #**

**Street:**

**Phone:**

**Fax:**

**DUTCH**

**OFFICE 1**

**9300 STOCKDALE HWY STE 400, BAKERSFIELD CA  
93311**

**661-663-8483**

**661-663-3095**

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**CHUANG SOHRABI CATHY, T**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	4946 W MINERAL KING AVE , VISALIA CA 93291	559-624-1405	559-624-1746

---

**PASABOC LIVIU, G**

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

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

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

---

**ZIMMERMAN JOHN, C**

**Group Affiliation: FOOT & ANKLE INSTITUTE**

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

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**DAVIS SCOTT, R**

Group Affiliation: **FOOT & ANKLE INSTITUTE**

Language(s) **SPANISH**

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

**SPANISH**

**FLORES MICHAEL, A**

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

Language(s) **SPANISH**

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

**SHIEH MARSHALL, J**

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

Language(s) **SPANISH, VIETNA**

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**SPOHN-GROSS HOLLY, A**

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

Language(s) **SPANISH**

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

**SPOHN-GROSS HOLLY, A**

**Group Affiliation: KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

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

**NELSON THOMAS, D**

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

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

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

**PSY - CHILD & ADOLESCENT PSYCHIATRY**



## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MA ALBERT, Y**

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

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

Office # Street:

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

Phone:

**661-735-3887**

Fax:

**661-836-5545**

**LUI KINGWAI,**

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

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

Office # Street:

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

Phone:

**661-735-3887**

Fax:

**661-836-5545**

**PSY - PSYCHIATRY**

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SONG SEO FRANCO,**

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

Language(s) **SPANISH**

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

**DODDAKASHI VEENA, R**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	8329 BRIMHALL RD BLDG 800 STE 804, BAKERSFIELD CA 93312	661-431-1555	661-633-3944

**ESLAMI SETARE,**

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

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

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GOKLANEY RAVI, K**

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

Language(s)

HINDI  
PUNJABI

GUJARATI

Office #

OFFICE 1

Street:

3409 CALLOWAY DR STE 601, BAKERSFIELD CA 93312

Phone:

661-589-1200

Fax:

661-589-7200

---

**KAMEL KAMEL, L**

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

Language(s)

Office #

OFFICE 1

Street:

4199 CAMPUS DR STE 550, IRVINE CA 92612

Phone:

949-293-3440

Fax:

949-679-2047

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**KARAMAT MEHR,**

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

Language(s) SPANISH

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Street:

8329 BRIMHALL RD STE 804, BAKERSFIELD CA 93312

Phone:

661-431-1555

Fax:

661-633-3944

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FERNANDO GERARD, I**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	6313 SCHIRRA CT STE 1, BAKERSFIELD CA 93313	661-323-6410	661-323-7631
OFFICE 1	8329 BRIMHALL RD BLDG 800 STE 804, BAKERSFIELD CA 93312	661-431-1555	

**BHURGRI ASHHAR,**

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

Language(s) **SPANISH**

**URDU**

**HINDI**

**PUNJABI**

Office #	Street:	Phone:	Fax:
OFFICE 1	8329 BRIMHALL RD STE 804, BAKERSFIELD CA 93312	661-431-1555	661-381-7670

**MALINI IYENGAR,**

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

Language(s) **SPANISH**

**HINDI**

**KANNADA**

**TAMIL**

Office #	Street:	Phone:	Fax:
OFFICE 1	6313 SCHIRRA CT STE 1, BAKERSFIELD CA 93313	661-323-6410	661-633-3944
OFFICE 1	8329 BRIMHALL RD BLDG 800 STE 804, BAKERSFIELD CA 93312	661-431-1555	

## DHMN-CC Specialty & Ancillary Provider Roster

### Provider Specialty / Provider Name

---

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

Language(s)

FILIPINO

Office #

OFFICE 1

Street:

5500 MING AVE STE 210, BAKERSFIELD CA 93309

Phone:

661-834-8341

Fax:

661-834-6095

---

### PSYCHIATRY

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

Language(s) SPANISH

Office #

OFFICE 1

Street:

1217 7TH ST , WASCO CA 93308

Phone:

661-758-5500

Fax:

661-758-5511

---

### RAD - DIAGNOSTIC RADIOLOGY

**BHAVSAR RAJESH, A**Group Affiliation: **KERN RADIOLOGY MEDICAL GROUP, INC.**

Language(s)

Office #

OFFICE 1

Street:

2301 BAHAMAS DR , BAKERSFIELD CA 93309

Phone:

858-546-3800

Fax:

661-316-3219

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**BENDER GREGORY, N**

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

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

---

**HAMMERMAN CURTIS,**

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

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

---

**BLUME DOUGLAS, N**

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

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**BOST NEAL, W**

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

Language(s) **SPANISH**

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

---

**BOUIT TROY, K**

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

Language(s) **SPANISH**

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

---

**ARIGO RICHARD, C**

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

Language(s)

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**HO RALPH, T**

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

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

---

**AMIRHAMZEH DANIEL,**

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

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

---

**HIGHTOWER DANIEL, J**

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

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**ANAND NEIL,**

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

Language(s)

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

**APPLEGATE GREGORY, R**

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

Language(s) SPANISH

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

**APPLEGATE LAURA, J**

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

Language(s) SPANISH

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**BERKEY AARON, J**

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

Language(s) **SPANISH**

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

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**CARMODY TIMOTHY,**

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

Language(s)

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

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**BERNARD MARK, S**

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

Language(s)

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**ARTAL DALIA,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	66-324-3164
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	6613247000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

**HERMANN MATTHEW, D**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

**BANTA BRADY, J**

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

Language(s) SPANISH

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**BENEDICT MATHEW, D**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

858-546-3800

661-316-3219

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**HAGOPIAN TARA, A**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

661-324-7000

661-324-3164

OFFICE 1

9300 STOCKDALE HWY STE 100 & 109,  
BAKERSFIELD CA 93311

661-324-7000

OFFICE 3

4500 MORNING DRIVE STE 202, BAKERSFIELD CA  
93306

661-324-7000

661-324-3164

---

**BERMAN JACK, L**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

661-326-9600

661-334-3065

OFFICE 1

4500 MORNING DRIVE STE 202, BAKERSFIELD CA  
93311

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**HECHT STEPHEN, T**

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

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

**ARAFAT OMAR, S**

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

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

**FISHER JASON, E**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DHIR VASHITA,**

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

Language(s)

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

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**DIANAT SAEED,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**FAN JOHN, W**

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

Language(s) **SPANISH**

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

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**GHASEMIZADEH DARA,**

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

Language(s)

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

---

**FATEMI NASTARAN,**

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

Language(s)

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**CHANG GERALDINE,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

**FENNELL VINCENT, R**

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

Language(s) **SPANISH**

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



## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DENARO STEPHEN, A**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

500 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-663-6429

661-663-6041

---

**FLANNIGAN BONNIE,**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

661-326-9600

661-334-3065

OFFICE 1

3838 SAN DIMAS ST STE A120, BAKERSFIELD CA  
93301

661-326-9600

OFFICE 3

9330 STOCKDALE HWY STE 100, BAKERSFIELD CA  
93311

661-326-9600

661-334-3065

---

**FREDERICKSEN RYAN, A**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

858-546-3800

661-316-3219

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FRENCHER JAMES, T**

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

Language(s)

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

**FRIEDLANDER JOSHUA,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

**FURUBAYASHI JILL, K**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**GALDINO GREGORY, M**

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

Language(s)

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

**GERO BERNARD, T**

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

Language(s)

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

**CRNKOVICH FRANCIS, M**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**BROWN DOUGLAS, H**

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

Language(s) **SPANISH**

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

**BROWNING PATRICK, D**

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

Language(s)

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

**BURNS JASON, W**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**BURTON ELIJAH, J**

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

Language(s)

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

**CRUM CHARLES, D**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	858-546-3800	661-316-3219
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

**HA TUAN, X**

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

Language(s)

VIETNAMESE

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**GOMES DANILO, D**

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

Language(s)

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

**GUNDZIK JOHN, M**

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

Language(s) SPANISH

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

**DENNIS JOLANTA, M**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**LUDWIG BENJAMIN, J**

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

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

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**DALLE JOHN,**

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

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**DAMBACH HEIDI, M**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

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**DARDASHTI SIAMAK,**

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

Language(s)

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

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**DENARO STEPHEN, A**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-328-6445	888-972-8079
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**BROCK RACHEL, E**

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

**Language(s) SPANISH**

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

**COLL JONATHAN,**

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

**Language(s)**

<b>Office #</b>	<b>Street:</b>	<b>Phone:</b>	<b>Fax:</b>
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

**REINER DAVID, P**

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

**Language(s) SPANISH**

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**OYOLA TORRES EDUARDO,**

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

Language(s)

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

**POLLOCK MAX, R**

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

Language(s)

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

**PRINCENTHAL ROBERT, A**

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

Language(s) SPANISH

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**QAISI WALEED, G**

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

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

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**RAM SUNIL, K**

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

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

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**ROYSTON ERIC, J**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**RAPHAEL YANIV, R**

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

Language(s)

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

**ONG LEONARD, T**

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

Language(s)

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

**RIAD SHAREEF, M**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**ROEDER ZACHARY, S**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93303

858-546-3800

661-316-3219

**ROEFS JOHN, A**

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

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

2301 BAHAMAS DR , BAKERSFIELD CA 93309

661-326-9600

661-334-3065

OFFICE 1

3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301

661-326-9600

OFFICE 3

9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311

661-326-9600

661-334-3065

**ROEFS JOHN, A**

**Group Affiliation: TRUXTUN RADIOLOGY MEDICAL GROUP LP**

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

1817 TRUXTUN AVE , BAKERSFIELD CA 93301

661-325-6800

661-325-1342

OFFICE 1

9900 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311

661-616-1201

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**ROPER GLADE, E**

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

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

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

---

**MORAN ANGEL,**

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

Language(s) **SPANISH**

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

---

**RAPER PAUL,**

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

Language(s)

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**ABE BENNETT, K**

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

Language(s) **SPANISH**

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

---

**MORENO HEATHER,**

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

Language(s)

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

---

**MORNEAU LEONARD, T**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**MORTEZAIE ALAN, R**

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

Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	

**MOURADI BARA,**

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

Language(s)

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**MUIR SUSIE, J**

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

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

---

**MURPHY JAMES, S**

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

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**OTTO RONALD,**

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

Language(s)

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

---

**ABADIE BRIANNA, G M**

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

Language(s)

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

---

**LOTAN ROI, M**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**AGUET JAIME, C**

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

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

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

---

**AHARONIAN ARTIN,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

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**ALORE PATRICK, L**

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

Language(s) **SPANISH**

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**NGUYEN DANH TIEN,**

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

Language(s) **SPANISH**

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

**HOBART EDWARD, A**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

**SCHALE DAVID, P**

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

Language(s) **SPANISH**

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**NALLS GAIL, A**

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

Language(s) **SPANISH**

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

**WILSON ANNA,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

**VALLES FRANCISCO, E**

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

Language(s)

**SPANISH**

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**VARAPRASATHAN GITA, A**

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

Language(s)

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

**WAGMAN ALLAN,**

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

Language(s) **SPANISH**

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**WAGNER ELLIOTT, J**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

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**WEDEEN GLENN, P**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**ROY ANJALI,**

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

Language(s)

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

**WILLIAMS MARK,**

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

Language(s) SPANISH

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



## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**TIRMAN PHILLIP,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219
OFFICE 1	9300 STOCKDALE HWY STE 100 & 109, BAKERSFIELD CA 93311	661-324-7000	
OFFICE 3	4500 MORNING DRIVE STE 202, BAKERSFIELD CA 93306	661-324-7000	661-324-3164

**WORTMAN WILLIAM,**

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

Language(s)

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

**YAMAMOTO SHOTA,**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**YANG MICHAEL, C**

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

Language(s)

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

**YUAN DAVID, D**

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

Language(s) **SPANISH**

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

**YUH THERESA, M**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**ZARE MEGAN, M**

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

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

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**WIEDMAN MARTHA, A**

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

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

---

**SOSNOWSKI RAFAL, L**

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

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**SCHARNWEBER TRAVIS, S**

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

Language(s)

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

**SHAHKARAMI ASHKAN,**

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

Language(s) SPANISH

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

**SHAHROKNI SEYED, H**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**SHELAT ASHUTOSH,**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

---

**SHIN MICHAEL, J**

Group Affiliation: MINERAL KING RADIOLOGICAL MEDICAL GROUP, INC.

Language(s) SPANISH

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

---

**SIDDIQUI ARSALAN, A**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s)

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**URDANETA FELIPE,**

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

Language(s)

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

**SOMMERVILLE BRITT, J**

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

Language(s)

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

**TURNER ROBERT, M**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**STEVENS, JR SYDNEY, L**

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

Language(s)

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

**SYED JAVED,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-326-9600	661-334-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	

**SYMKO SOPHIA, C**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**TALEBI LIASI AMIR,**

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

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

---

**TAYLOR BRANDON, C**

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

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

---

**OBEMBE OLUFOLAJIMI, O**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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**SIMON ROBERT, D**

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

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

**LE THU, T**

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

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

**MANSFIELD WILLIAM, P**

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

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**MANSFIELD WILLIAM, P**

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

Language(s)

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

**LUCCHESI ARCHANA, C**

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

Language(s)

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

**KELLY WILLIAM, M**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**LIU JOSEPH, P**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

**LIU JOHNS,**

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

Language(s) **SPANISH**

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**LESAR BENJAMIN, J**

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

Language(s)

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

**LEE ROBERT, K**

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

Language(s) SPANISH

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

**IZADI KAMRON,**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**MARISTANY BERNARD, G**

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

Language(s) **SPANISH**

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

**JAVERI KHALID,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**MACDONALD CHRISTOPHER, J**

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

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

---

**JORDAN TAYLOR, R**

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

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

---

**LATTIN GRANT,**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

---

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**KRASNY ROBERT, M**

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

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

---

**KARLIN DAVID, S**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

---

**KASHEFI AMIR,**

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

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KATO KAMBRIE, Y**

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

Language(s)

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

**KAVALI ASHA, K**

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

Language(s)

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

**KLEIN MICHAEL, V**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219



## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**KISLER TANYA,**

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

Language(s)

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

**KHANNA ROHIT,**

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

Language(s)

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

**LEE BRIAN, H**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**MCCULLY JR FRANCIS, R**

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

Language(s) **SPANISH**

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

---

**HWANG JANICE, J**

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

Language(s)

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

---

**MIKHCHI AMIR, H**

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

Language(s)

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

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**MASSEE DONALD, R**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

**MENDOZA JORGE, A**

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

Language(s) SPANISH  
SPANISH

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

**MISCHIU OANA,**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**MC FARLAND KIMBERLY, C**

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

**Language(s) SPANISH**

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

**MCDANIEL BROCK, G**

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

**Language(s)**

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

**MERCER NANJI,**

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

**Language(s)**

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**HWA LINDA,**

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

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

---

**MERCER NANCI,**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93309	661-324-7000	661-324-3164
	OFFICE 1	3838 SAN DIMAS ST STE A120, BAKERSFIELD CA 93301	661-326-9600	
	OFFICE 3	9330 STOCKDALE HWY STE 100, BAKERSFIELD CA 93311	661-326-9600	661-334-3065

---

**HOLLIS RICHARD, K**

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

Language(s)	Office #	Street:	Phone:	Fax:
	OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**MAXEY ROBERT, A**

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

Language(s)

Office #	Street:	Phone:	Fax:
OFFICE 1	2301 BAHAMAS DR , BAKERSFIELD CA 93303	858-546-3800	661-316-3219

**MCALLISTER DEREK, G**

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

Language(s)

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

**MOELLEKEN SONJA,**

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

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### RAD - INTERVENTIONAL/DIAGNOSTIC RADIOLOGY

**PHAN TRENT, V**

Group Affiliation: KERN RADIOLOGY MEDICAL GROUP, INC.

Language(s) SPANISH

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

**MOSHFEGH AMIEL, P**

Group Affiliation: SOUTHERN CALIFORNIA VASCULAR INSTITUTE, INC.

Language(s)

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

### RAD - RADIATION ONCOLOGY

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**DESAI AJAY, S**

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

Language(s)

HINDI

Office #

OFFICE 1

Street:

4500 MORNING DR STE 105, BAKERSFIELD CA 93306

Phone:

661-491-5060

Fax:

661-871-3479

**GORLA GIRIDHAR, G**

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

Language(s) SPANISH

HINDI

Office #

OFFICE 1

Street:

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

Phone:

661-322-2206

Fax:

661-322-7027

**SURG - BARIATRIC SURGERY**

**IRANI HORMUZ,**

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

Language(s) SPANISH

HINDI

SPANISH

GUJARATI

Office #

OFFICE 1

Street:

8311 BRIMHALL RD STE 1901, BAKERSFIELD CA 93312

Phone:

661-638-0601

Fax:

661-638-0605



## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### SURG - CARDIOVASCULAR/THORACIC SURGERY

**PUREWAL SARABJIT, S**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

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

Office # Street:

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

Phone:

**661-327-8538**

Fax:

**661-327-5432**

---

**PECK ERIC, A**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s) **SPANISH**

Office # Street:

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

Phone:

**661-327-8538**

Fax:

**661-327-5432**

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PAW PATRICK, T**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

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

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

---

### SURG - COLON/RECTAL SURGERY

**MALELLARI LORENC,**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

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

---

### SURG - COMPLEX GENERAL SURGICAL ONCOLOGY

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FOULAD DAVID,**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

6501 TRUXTUN AVE , BAKERSFIELD CA 93309

661-322-2206

661-327-7027

---

### SURG - GENERAL SURGERY

**KAPADIA RAVI,**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

1217 7TH ST , WASCO CA 93280

661-758-5500

661-758-5511

**KAY SELWYN,**

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

Language(s) **SPANISH**

Office #

Street:

Phone:

Fax:

OFFICE 1

2521 G ST , BAKERSFIELD CA 93301

661-327-2544

661-327-0555

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**ENRIQUEZ-DIAZ JORGE, A**

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

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

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

Phone:  
**661-864-7076**

Fax:  
**661-864-7131**

---

**KWOCK CHRISTINA, L**

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

Language(s) **SPANISH**

Office # **Street:**  
**OFFICE 1 500 PUTNAM AVE STE 1026D, PORTERVILLE CA 93257**

Phone:  
**559-544-6865**

Fax:  
**559-791-3909**

---

**BISHOP KELLY, T**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

Office # **Street:**  
**OFFICE 1 1201 JEFFERSON ST , DELANO CA 93215**

Phone:  
**661-721-0737**

Fax:  
**661-721-0738**

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**THOMAS DEBI,**

Group Affiliation: **ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

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

**SINGH GURMANT, P**

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

Language(s)

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

**MOON CYRUS, R**

Group Affiliation: **MOON MD INCORPORATED**

Language(s)

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

## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**IRANI HORMUZ,**

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

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**HINDI**

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

**661-638-0601**

**661-638-0605**

**SPANISH**

**93312**

**GUJARATI**

---

**LEE CHIH CHENG,**

**Group Affiliation: ADVENTIST HEALTH DELANO**

Language(s) **SPANISH**

Office # Street:

Phone:

Fax:

**OFFICE 1 1201 JEFFERSON ST , DELANO CA 93215**

**661-721-0737**

**661-721-0738**

**OFFICE 1 2300 7TH ST , WASCO CA 93280**

**661-758-4184**

---

**FAWIBE OLUWATOSIN,**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

Office # Street:

Phone:

Fax:

**OFFICE 1 3838 SAN DIMAS ST STE B231, BAKERSFIELD CA  
93301**

**661-665-0505**

**661-864-2190**

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PATEL ARPIT, B**

Group Affiliation: **DIGNITY HEALTH MEDICAL FOUNDATION**

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

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

---

**BUXTON JOHN, A**

Group Affiliation: **JOHN A. BUXTON M.D.**

Language(s) **SPANISH**

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

---

**BUXTON JOHN, A**

Group Affiliation: **KERN VALLEY HEALTHCARE DISTRICT**

Language(s)

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

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**PORTUGAL DENISE,**

Group Affiliation: DENISE PORTUGAL

Language(s) SPANISH  
SPANISH

Office #  
OFFICE 1

Street:  
2021 22ND ST , BAKERSFIELD CA 93301

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661-864-7076

Fax:  
661-864-7131

---

**WILLIAMS RACHAEL, Y**

Group Affiliation: GROSSMAN MEDICAL GROUP, INC.

Language(s)

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420 34TH ST , BAKERSFIELD CA 93301

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Fax:  
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**PUGALENTHI AMUDHAN,**

Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION

Language(s)

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Phone:  
661-665-0505

Fax:  
661-864-2190

---



## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**RODRIGUEZ ROLAND,**

Group Affiliation: **ROLAND RODRIGUEZ, M.D.**

Language(s)

SPANISH

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661-327-0555

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**NISIM ABRAHAM, A**

Group Affiliation: **NISIM SURGICAL**

Language(s) **SPANISH, HEBRE**

**SPANISH**

**HEBREW**

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500 OLD RIVER RD STE 185, BAKERSFIELD CA  
93311

Phone:

661-748-1886

Fax:

661-479-5063

---

### SURG - OPHTHALMOLOGY

**BAGHERI NIKA,**

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

Language(s) **SPANISH**

**PERSIAN**

**SPANISH**

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93309

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661-322-8489

---

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**HAIR DAVID, B**

Group Affiliation: **BAKERSFIELD EYE INSTITUTE, INC.**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

7508 MEANY AVE , BAKERSFIELD CA 93308

661-589-9400

661-589-9499

---

**WU CHRIS, Y**

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

Language(s)

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MANDARIN

---

**SEIN JULIA,**

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

Language(s)

SPANISH

Office #

Street:

Phone:

Fax:

BURMESE

OFFICE 1

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661-325-4393

661-322-8489

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## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**ARTYMOWICZ ANNA,**

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

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

Office #	Street:	Phone:	Fax:
OFFICE 1	215 CHINA GRADE LOOP , BAKERSFIELD CA 93308	661-393-2331	661-393-2684
OFFICE 1	11901 BOLTHOUSE DR STE 300, BAKERSFIELD CA 93311	661-393-2331	

**YAPLEE STEVEN, M**

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

Language(s)  
**SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	9700 BRIMHALL RD , BAKERSFIELD CA 93312	661-631-2020	661-829-8657
OFFICE 1	1519 GARCES HWY STE 101, DELANO CA 93215	661-721-2020	

**WALIA SANDEEP, B**

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

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

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

## DHMN-CC Specialty & Ancillary Provider Roster

### Provider Specialty / Provider Name

---

**WONG KAI, W**Group Affiliation: **KAI W. WONG**Language(s) **SPANISH**

Office #	Street:	Phone:	Fax:
OFFICE 1	2323 16TH ST STE 501, BAKERSFIELD CA 93301	661-327-4484	661-327-7071

---

**YANG DONG, D**Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**Language(s) **SPANISH**

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

---

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

Language(s)

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

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## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KOUCHOUK AMR, M**

Group Affiliation: **HOLLYWOOD EYE ASSOCIATES**

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3801 SAN DIMAS ST BLDG A, BAKERSFIELD CA  
93301

661-460-7640

661-457-9677

**KIM RICHARD, D J**

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

Language(s)

Office #

Street:

Phone:

Fax:

KOREAN

OFFICE 1

2323 16TH ST STE 400, BAKERSFIELD CA 93301

800-898-2020

844-897-3788

**LING RICHARD, T**

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

Language(s)

Office #

Street:

Phone:

Fax:

SPANISH

CANTONESE

MANDARIN

SPANISH

OFFICE 1

2325 17TH ST , BAKERSFIELD CA 93301

661-321-6333

661-631-8888

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**DHOOT DILSHER, S**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s) SPANISH

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

**CHAWLA ANUJ,**

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

Language(s) SPANISH

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

**STEINLE NATHAN, C**

Group Affiliation: CALIFORNIA RETINA CONSULTANTS

Language(s) SPANISH  
SPANISH

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**KOHN ROGER, A**

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

Language(s)

SPANISH

Office #

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2920 F ST STE C7, BAKERSFIELD CA 93301

Phone:

661-322-5435

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661-322-4304

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**LEARNED DANIEL, L**

Group Affiliation: **CALIFORNIA RETINA CONSULTANTS**

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Fax:

661-322-8489

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**ALEXANDRAKIS GEORGE,**

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

Language(s)

GREEK

SPANISH

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661-323-4200

Fax:

661-215-1857

---

**SURG - PLASTIC SURGERY**

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**FREEMAN M. BRANDON,**

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

Language(s) **SPANISH**

Office # Street:

Phone:

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**661-808-4070**

**661-438-0358**

**BAUGHMAN ETHAN, J**

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

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

Office # Street:

Phone:

Fax:

**OFFICE 1 420 34TH ST , BAKERSFIELD CA 93301**

**661-633-2876**

**661-327-0576**

**SAHAR DAVID, E**

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

Language(s)

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Phone:

Fax:

**OFFICE 1 2901 SILLECT AVE STE 201, BAKERSFIELD CA 93308**

**661-327-2101**

**661-327-2554**



## DHMN-CC Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

---

**MAJIDIAN ALEXANDER, M**

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

Language(s)

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Language(s)

SPANISH

GUJARATI

HINDI

SPANISH

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93308

Phone:

661-327-2101

Fax:

661-327-2554

**ERFANIAN KAMIL,**

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

Language(s) SPANISH

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Phone:

661-328-5565

Fax:

661-328-5573

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**GROSSMAN PETER, H**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

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**MITTS GORDON, M**

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

Language(s) **SPANISH**

Office #

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Fax:

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2525 H ST , BAKERSFIELD CA 93301

661-324-7208

661-324-3403

---

**EVANS BRIAN, N**

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

Language(s)

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Street:

Phone:

Fax:

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420 34TH ST , BAKERSFIELD CA 93301

661-633-2876

661-327-0576

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**SURG - SURGERY OF THE HAND**

## DHMN-CC Specialty & Ancillary Provider Roster

### Provider Specialty / Provider Name

---

**WONG CHARLES, D**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-664-2300

661-663-6711

**BOWEN DAVID, T**

Group Affiliation: DESERT HAND AND PLASTIC SURGERY PC

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

9300 STOCKDALE HWY STE 300, BAKERSFIELD CA  
93311

661-664-2200

661-664-2202

**WONG CHARLES, D**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

300 OLD RIVER RD STE 200, BAKERSFIELD CA  
93311

661-664-2300

661-663-6711

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

### SURG - UROLOGY

**OEFELEIN MICHAEL, G**

Group Affiliation: MICHAEL G OEFELEIN MD INC.

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

3941 SAN DIMAS ST STE 103A, BAKERSFIELD CA  
93301

661-520-5010

661-520-5020

**SHAKIR SHABBIR, A**

Group Affiliation: SHABBIR SHAKIR, M.D.

Language(s) SPANISH

HINDI

ARABIC

SPANISH

Office #

Street:

Phone:

Fax:

OFFICE 1

2808 F ST STE E, BAKERSFIELD CA 93301

661-395-0688

661-395-3082

**SNYDER ORRENZO, B**

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

Language(s)

Office #

Street:

Phone:

Fax:

OFFICE 1

263 N PEARSON DR STE 100, PORTERVILLE CA  
93257

559-772-4301

559-772-4302

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**WAGUESPACK ROBERT, L**

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

Language(s)

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Phone:

Fax:

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2530 F ST STE B, BAKERSFIELD CA 93301

661-321-3303

661-321-3308

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**YOUNGSTROM EDWIN, A**

**Group Affiliation: DIGNITY HEALTH MEDICAL FOUNDATION**

Language(s)

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Fax:

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661-665-0505

661-864-2190

OFFICE 1

3838 SAN DIMAS ST STE A200, BAKERSFIELD CA 93301

661-654-0200

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**STONE BRUCE, C**

**Group Affiliation: BRUCE C. STONE**

Language(s)

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Phone:

Fax:

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9500 STOCKDALE HWY STE 109, BAKERSFIELD CA 93311

661-664-4455

661-664-4458

---

## DHMN-CC Specialty & Ancillary Provider Roster

### Provider Specialty / Provider Name

---

**HOROVITZ DAVID,**

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

Language(s)

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Fax:

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3941 SAN DIMAS ST STE 103A, BAKERSFIELD CA  
93301

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661-520-5020

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**STONE BRUCE, C**

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

Language(s)

Office #

Street:

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Fax:

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9500 STOCKDALE HWY STE 109, BAKERSFIELD CA  
93311

661-664-4455

661-664-4458

---

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

## DHMN-CC Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

---

**LEE JUSTIN, T**

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

Language(s)

**VIETNAMESE**

Office #

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Phone:

**661-663-6429**

Fax:

**661-663-6041**

### SURG - VASCULAR SURGERY

**CAPOTE ALLAN, L**

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

Language(s) **VIETNAMESE**

**SPANISH**

Office #

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93312**

Phone:

**661-387-8333**

Fax:

**661-241-4052**

**OFFICE 1**

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