

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|---|--|---|
| FAMILY PRACTICE | | | |
| ASUNTO,JOEL M | 222 W HENDERSON AVE PORTERVILLE CA 93267 | 1410 S MOONEY BLVD VISALIA CA 93277 | 833 SEQUOIA AVE LINDSAY CA 93247 |
| Availability: OPEN | Phone: (559) 784-5483 | (559) 635-1746 | (559) 562-1361 |
| Board Certified: FAMILY MEDICINE | Fax: (559) 784-5433 | (559) 784-5433 | (559) 784-5433 |
| Language(s): | | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| BAUTISTA,LUIS G | 2505 MERCED ST FRESNO CA 93721-1811 | 1530 E. MANNING AVE REEDLEY CA 93654-2346 | 3748 E SHIELD AVE FRESNO CA 93726-7028 |
| Availability: CLOSED TO MEDI-CAL | Phone: (866) 707-6664 | (866) 707-6664 | (866) 707-6664 |
| Board Certified: YES | Fax: (661) 746-9197 | (661) 746-9197 | (661) 746-9197 |
| Language(s): SPANISH | | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| BUENROSTRO,JOSE IGNACIO | 733 3RD ST MCFARLAND CA 93250 | | |
| Availability: OPEN | Phone: (661) 792-3097 | | |
| Board Certified: YES | Fax: (661) 792-3095 | | |
| Language(s): SPANISH | | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: COMMUNITY HEALTH CENTERS OF AMERICA | | | |
| CAMPOS,JOSE L | 1101 N CHERRY ST TULARE CA 93274 | 1500 W TULARE AVE TULARE CA 93274 | |
| Availability: CLOSED TO MEDI-CAL | | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|---|--|--------------------|
| Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | Phone: (559) 686-9097 Fax: (559) 684-7060 | (559) 686-9097 (559) 366-7060 | |
| CRUZ,BRYAN P Availability: CLOSED TO MEDI-CAL Board Certified: Language(s): Gender Affirming Care: No Group Affiliation: | 1101 N CHERRY ST TULARE CA 93274 Phone: (559) 686-9097 Fax: (559) 366-7060 | 16686 ROAD 168 WOODVILLE CA 93257 (559) 686-9097 (559) 366-1022 | |
| HASHMAT,FAHAD Availability: OPEN Board Certified: YES Language(s): URDU Gender Affirming Care: No Group Affiliation: | 100 WILLOW PLAZA PL STE 305 VISALIA CA 93291 Phone: (559) 741-9034 Fax: (559) 741-9053 | | |
| IDELSHON,BRADLEY C Availability: CLOSED TO MEDI-CAL Board Certified: NO Language(s): SPANISH Gender Affirming Care: No Group Affiliation: | 12683 AVE 416 OROSI CA 93647 Phone: (559) 528-4717 Fax: (559) 528-0302 | | |
| KALEKA,KEVIN V | 2057 HIGH STREET | 12572 AVENUE 416 STE | 420 E EL MONTE WAY |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|-----------------------|-------------------|------------------|
| Availability: OPEN | SELMA CA 93662 | OROSI CA 93647 | DINUBA CA 93618 |
| Board Certified: YES | Phone: (559) 891-3100 | (559) 528-4779 | (559) 595-9500 |
| Language(s): | Fax: (559) 891-7827 | (559) 528-3349 | (559) 595-9039 |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| KELLOGG,KORNELIA R | 1101 N CHERRY ST | | |
| Availability: CLOSED TO MEDI-CAL | TULARE CA 93274 | | |
| Board Certified: YES | Phone: (559) 686-9097 | | |
| Language(s): | Fax: (559) 684-7060 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| KOTHARY,HEMMAL | 1500 6TH AVE | | |
| Availability: OPEN | DELANO CA 93215 | | |
| Board Certified: YES | Phone: (661) 725-1010 | | |
| Language(s): SPANISH | Fax: (661) 725-6940 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| KUMAR,RAVI I | 1101 N CHERRY ST | | |
| Availability: CLOSED TO MEDI-CAL | TULARE CA 93274 | | |
| Board Certified: YES | Phone: (559) 686-9097 | | |
| Language(s): | Fax: (559) 684-7060 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--------------------------------------|---|--|
| MACIAS,LEA A | 311 W NOBLE AVE VISALIA CA 93277 | 1110 W VISALIA RD STE EXETER CA 93221 | 4646 N 1ST ST FRESNO CA 93726 |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: YES | Phone: (866) 707-6664 | (866) 707-6664 | (866) 707-6664 |
| Language(s): SPANISH | Fax: (661) 746-9197 | (661) 746-9197 | (661) 746-9197 |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| MADRIGAL,ERICK M | 833 SEQUOIA AVE LINDSAY CA 93247 | 222 W HENDERSON AVE PORTERVILLE CA 93257 | 1410 S MOONEY BLVD VISALIA CA 93277 |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: NO | Phone: (559) 562-1361 | (559) 784-5483 | (559) 635-3011 |
| Language(s): | Fax: (559) 784-5433 | (559) 784-5433 | (559) 784-5433 |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| MATIN,TAHMORES | 833 SEQUOIA AVE LINDSAY CA 93247 | | |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (559) 562-1361 | | |
| Language(s): PERSIAN | Fax: (559) 784-5433 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: ERICK MADRIGAL M.D., M.B.A, INC. | | | |
| MENDOZA,ANNA L | 1230 JEFFERSON ST DELANO CA 93215 | | |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (661) 725-7793 | | |
| Language(s): | Fax: (661) 370-3911 | | |
| Gender Affirming Care: No | | | |

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| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
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| Group Affiliation: | | | |
| NERIA, GUADALUPE A | 1410 S MOONEY BLVD VISALIA CA 93277 | 833 SEQUOIA AVE LINDSAY CA 93247 | |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (559) 635-1746 | (559) 562-1361 | |
| Language(s): SPANISH | Fax: (559) 784-5433 | (559) 784-5433 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| NERIA, JERRY A | 833 SEQUOIA AVE LINDSAY CA 93247 | 222 W HENDERSON AVE PORTERVILLE CA 93257 | 1410 S MOONEY BLVD VISALIA CA 93277 |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: YES | Phone: (559) 562-1361 | (559) 784-5483 | (559) 635-1746 |
| Language(s): | Fax: (559) 784-5430 | (559) 789-9828 | (559) 784-5433 |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| OCHOA, MARIO A | 101 N PALM ST WOODLAKE CA 93286 | | |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: YES | Phone: (559) 564-1100 | | |
| Language(s): SPANISH | Fax: (559) 564-1101 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| OCHOA, MARIO A | 3275 MCCALL AVE STE 102 SELMA CA 93662 | | |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: YES | Phone: (559) 896-3808 | | |
| Language(s): SPANISH | Fax: (559) 896-3875 | | |

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| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
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| Gender Affirming Care: No Group Affiliation: | | | |
| PUENTE-MORENO,JOSE G Availability: OPEN Board Certified: Language(s): | 1101 N CHERRY ST TULARE CA 93274 Phone: (559) 686-9097 Fax: (559) 684-7060 | | |
| Gender Affirming Care: No Group Affiliation: | | | |
| RANGEL OROZCO,DANIELA Availability: CLOSED TO MEDI-CAL Board Certified: YES Language(s): SPANISH | 833 SEQUOIA AVE LINDSAY CA 93247 Phone: (559) 562-1361 Fax: (559) 784-5433 | | |
| Gender Affirming Care: No Group Affiliation: CLINICA AGUA VIVA | | | |
| RIVERA,MARK J Availability: CLOSED TO MEDI-CAL Board Certified: YES Language(s): | 222 W HENDERSON AVE PORTERVILLE CA 93257 Phone: (559) 784-5483 Fax: (559) 784-5433 | 833 SEQUOIA AVE LINDSAY CA 93247 (559) 784-5483 (559) 784-5433 | |
| Gender Affirming Care: No Group Affiliation: | | | |
| RIVERA,MARK JEFFERSON VILAR Availability: OPEN Board Certified: YES | 1507 PANAMA LN STE G100 BAKERSFIELD CA 93307-5862 Phone: (866) 707-6664 | | |

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| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|---|---|--|
| Language(s): Gender Affirming Care: No Group Affiliation: | Fax: (661) 746-9197 | | |
| RUVALCABA,ALBERTO Availability: CLOSED TO MEDI-CAL Board Certified: Phone: (559) 390-0023 Language(s): SPANISH | 40657 ROAD 128 CUTLER CA 93615 Fax: (559) 426-6069 | | |
| Gender Affirming Care: No Group Affiliation: | | | |
| SABOUR,ABDELMAJID Availability: CLOSED TO MEDI-CAL Board Certified: FAMILY MEDICINE Phone: (866) 707-6664 Language(s): | 1507 PANAMA LN STE G100 BAKERSFIELD CA 93307-5862 Fax: (661) 746-9197 | 277 E FRONT ST BUTTONWILLOW CA 93206 (866) 707-6664 (661) 746-9197 | |
| Gender Affirming Care: No Group Affiliation: | | | |
| SANCHEZ JR,ROGELIO Availability: CLOSED TO MEDI-CAL Board Certified: FP Phone: (661) 725-1010 Language(s): SPANISH | 1500 6TH AVE DELANO CA 93215 Fax: (661) 725-1117 | | |
| Gender Affirming Care: No Group Affiliation: | | | |
| SARVA,RAMYA M Availability: OPEN | 912 FREMONT ST DELANO CA 93215 | 1014 CALLOWAY DR BAKERSFIELD CA 93312 | 1022 CALLOWAY DR BAKERSFIELD CA 93312 |

Location: /PRODUCTION/CREDENTIALING/PROVIDER ROSTER
Report Name: Primary Care Physician Roster (DHIMGT)

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|--|----------------------------------|----------------------------------|
| Board Certified: YES Language(s): HINDI Gender Affirming Care: No Group Affiliation: | Phone: (866) 707-6664 Fax: (661) 459-1974 | (866) 707-6664 (661) 746-9197 | (866) 707-6664 (661) 746-9197 |
| VANEGAS,ALVIN E Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | 1110 W VISALIA RD EXETER CA 93221 Phone: (866) 707-6664 Fax: (661) 746-9197 | | |
| VEERAPPA,NANDEESH Availability: OPEN Board Certified: NO Language(s): Gender Affirming Care: No Group Affiliation: | 733 3RD ST MCFARLAND CA 93250 Phone: (661) 792-3097 Fax: (661) 792-3095 | | |
| VELASCO,OSCAR L Availability: CLOSED Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: | 560 W PUTNAM AVE STE 5 PORTERVILLE CA 93257 Phone: (559) 781-4007 Fax: (559) 783-9454 | | |
| YAQUB,TAHIR | 733 3RD ST | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|-----------------------|-------------------|------------------|
| Availability: OPEN | MCFARLAND CA 93250 | | |
| Board Certified: YES | Phone: (661) 792-3097 | | |
| Language(s): PUNJABI | Fax: (661) 792-3095 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| ZOGHBI,MARWAN | 3632 W PACKWOOD AVE | | |
| Availability: | VISALIA CA 93277 | | |
| Board Certified: | Phone: (559) 734-6701 | | |
| Language(s): | Fax: (559) 732-3211 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|---------------------------------------|-------------------------------------|------------------|
| GENERAL PRACTICE | | | |
| GARCIA,RAYNADO F | 1159 N CHERRY ST TULARE CA 93274 | | |
| Availability: OPEN | | | |
| Board Certified: | Phone: (559) 684-7700 | | |
| Language(s): TAGALOG | Fax: (559) 684-7707 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| MOLINA,ARTHUR | 101 N PALM ST WOODLAKE CA 93286 | 833 SEQUOIA AVE LINDSAY CA 93247 | |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: | Phone: (559) 564-1100 | (559) 784-5483 | |
| Language(s): | Fax: (559) 564-1101 | (559) 784-5433 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| NARAYAN,ANAND | 317 W EL MONTE WAY DINUBA CA 93618 | | |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (559) 591-6200 | | |
| Language(s): SPANISH | Fax: (559) 591-2724 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| PETERS,JACOB K | 750 G ST REEDLEY CA 93654 | | |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (559) 637-9818 | | |
| Language(s): SPANISH | Fax: (559) 637-9910 | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|-------------------------|-------------------|------------------|
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| RATNAYAKE,SAMAN N | 205 E DAVIS ST | | |
| Availability: CLOSED TO MEDI-CAL | PIXLEY CA 93256 | | |
| Board Certified: | Phone: (559) 757-2000 | | |
| Language(s): | Fax: (559) 757-2006 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| RATNAYAKE,SAMAN N | 565 N THOMPSON RD | | |
| Availability: CLOSED TO MEDI-CAL | TIPTON CA 93272 | | |
| Board Certified: | Phone: (559) 752-4147 | | |
| Language(s): | Fax: (559) 752-4150 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| SALMASSI,SADEGH | 1205 GARCES HWY STE 306 | | |
| Availability: OPEN | DELANO CA 93215 | | |
| Board Certified: YES | Phone: (661) 725-5877 | | |
| Language(s): PERSIAN | Fax: (661) 725-4636 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| ZAPANTA,DON VICTOR A | 1419 MAIN ST | | |
| Availability: OPEN | DELANO CA 93215 | | |
| Board Certified: | Phone: (661) 721-9001 | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|---------------------|-------------------|------------------|
| Language(s): SPANISH | Fax: (661) 721-1516 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|-----------------------|-------------------|------------------|
| INTERNAL MEDICINE | | | |
| AL NAHHAL, RAMY I | 1230 JEFFERSON ST | | |
| Availability: CLOSED TO MEDI-CAL | DELANO CA 93215 | | |
| Board Certified: YES | Phone: (661) 725-7793 | | |
| Language(s): ARABIC | Fax: (661) 725-0595 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| BANSAL, ANUJ | | | |
| Availability: OPEN | 323 S LEXINGTON ST | | |
| Board Certified: | DELANO CA 93215 | | |
| Language(s): | Phone: (661) 718-4980 | | |
| Gender Affirming Care: No | Fax: (661) 778-0019 | | |
| Group Affiliation: | | | |
| BANSAL, RADHEY S | | | |
| Availability: OPEN | 1230 JEFFERSON ST | | |
| Board Certified: YES | DELANO CA 93215 | | |
| Language(s): PUNJABI | Phone: (661) 725-7793 | | |
| Gender Affirming Care: No | Fax: (661) 370-3911 | | |
| Group Affiliation: | | | |
| BHASKAR, SHYAM | | | |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: IM | Phone: | | |
| Language(s): TAMIL | Fax: | | |

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| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|-----------------------|----------------------|----------------------|
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| CHOPRA,JATINDER | 858 N CHERRY ST STE E | | |
| Availability: CLOSED TO MED-CAL | TULARE CA 93274 | | |
| Board Certified: YES | Phone: (559) 686-4766 | | |
| Language(s): PUNJABI | Fax: (559) 686-2016 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| COMMUNITY HEALTH CENTERS OF AMERICA | 733 3RD ST | | |
| Availability: | MCFARLAND CA 93250 | | |
| Board Certified: | Phone: (661) 792-3097 | | |
| Language(s): | Fax: (661) 792-3095 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| DHILLON,SARTAJ K | 591 W PUTNAM AVE | 229 W CHERRY AVE | |
| Availability: CLOSED TO MEDI-CAL | POTTERVILLE CA 93257 | POTTERVILLE CA 93257 | |
| Board Certified: YES | Phone: (559) 784-5717 | (559) 789-0277 | |
| Language(s): | Fax: (559) 784-2443 | (877) 480-4802 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| GUTIERREZ,OSVALDO N | 833 SEQUOIA AVE | 1410 S MOONEY BLVD | 222 W HENDERSON AVE |
| Availability: CLOSED TO MEDI-CAL | LINDSAY CA 93247 | VISALIA CA 93277 | POTTERVILLE CA 93257 |
| Board Certified: NO | Phone: (559) 562-1361 | (559) 635-1746 | (559) 784-5483 |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--|-------------------|------------------|
| Language(s): SPANISH Gender Affirming Care: No Group Affiliation: ERICK MADRIGAL M.D., M.B.A, INC. | Fax: (559) 784-5433 | (559) 784-5433 | (559) 784-5433 |
| HASNAIN,ABBAS S Availability: OPEN Board Certified: Language(s): HINDI Gender Affirming Care: No Group Affiliation: SIERRA VIEW LOCAL HEALTH CARE DISTRICT | 9520 ROAD 238 TERRA BELLA CA 93270 Phone: (559) 544-6815 Fax: (559) 544-6820 | | |
| HASNAIN,ABBAS S Availability: CLOSED TO MEDI-CAL Board Certified: Language(s): PUNJABI Gender Affirming Care: No Group Affiliation: | 1500 6TH AVE DELANO CA 93215 Phone: (661) 725-1010 Fax: (661) 725-6940 | | |
| HAYES JR,JOSEPH L Availability: OPEN Board Certified: SL Language(s): Gender Affirming Care: No Group Affiliation: OMNI FAMILY HEALTH | 4900 CALIFORNIA AVE STE 100B BAKERSFIELD CA 93309 Phone: (866) 707-6664 Fax: (661) 746-9197 | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--|-------------------|------------------|
| LIBERSTEN, ALLA | 380 N RESERVATION ROAD PORTERVILLE CA 93257 | | |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: YES | Phone: | | |
| Language(s): | Fax: | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| MEHDIPOUR, AHMAD | 733 3RD ST MCFARLAND CA 93250 | | |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: IM | Phone: (661) 792-3097 | | |
| Language(s): ARABIC | Fax: (661) 792-3095 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: COMMUNITY HEALTH CENTERS OF AMERICA | | | |
| MODI, PRITI | 733 3RD ST MCFARLAND CA 93250 | | |
| Availability: CLOSED TO MEDI-CAL | | | |
| Board Certified: IM | Phone: (661) 792-3097 | | |
| Language(s): GUJARATI | Fax: (661) 792-3095 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: COMMUNITY HEALTH CENTERS OF AMERICA | | | |
| MORADI, MARYAM | 4646 N FIRST ST FRESNO CA 93726 | | |
| Availability: CLOSED | | | |

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|---|--|--|------------------|
| Board Certified: IM Language(s): FARSI Gender Affirming Care: No Group Affiliation: OMNI FAMILY HEALTH | Phone: (866) 707-6664 Fax: (661) 746-9197 | | |
| PATEL,VIJAYKUMAR B | 1230 JEFFERSON ST DELANO CA 93215 | | |
| Availability: OPEN Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: | Phone: (661) 725-7793 Fax: (661) 370-3911 | | |
| RAHAL,SIMRITA | 9802 STOCKDALE HWY STE 102 BAKERSFIELD CA 93311 | 1205 GARCES HWY STE DELANO CA 93215 | |
| Availability: OPEN Board Certified: NO Language(s): PUNJABI Gender Affirming Care: No Group Affiliation: | Phone: (661) 323-1200 Fax: (661) 323-1204 | (661) 721-1200 (661) 721-1204 | |
| RAMOS GARCIA,RAQUEL V | 1101 N CHERRY ST TULARE CA 93274 | 1500 W TULARE DR TULARE CA 93274 | |
| Availability: CLOSED TO MEDI-CAL Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | Phone: (559) 686-9097 Fax: (559) 684-7060 | (559) 686-9097 (559) 366-7060 | |

DHIMGT Primary Care Physician Roster

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| RATNAYAKE,SAMANTHA N Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | 205 E DAVIS ST PIXLEY CA 93256 Phone: (559) 757-2000 Fax: (559) 757-2006 | | |
| RATNAYAKE,SAMANTHA N Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | 565 N THOMPSON RD TIPTON CA 93272 Phone: (559) 752-4147 Fax: (559) 752-4150 | | |
| SINGH,PREETINER Availability: OPEN Board Certified: YES Language(s): HINDI Gender Affirming Care: No Group Affiliation: | 733 3RD ST MCFARLAND CA 93250 Phone: (661) 792-3097 Fax: (661) 792-3095 | | |
| STRATEGOS,EMMANUEL J Availability: OPEN Board Certified: NO Language(s): SPANISH Gender Affirming Care: No | 1201 JEFFERSON ST DELANO CA 93215 Phone: (661) 721-0737 Fax: (661) 721-0738 | 2041 BELSHAW ST MOJAVE CA 93501 (661) 824-4511 (661) 824-2773 | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|--|--|--|
| Group Affiliation: | | | |
| WATANAKUNAKOM,PAUL W | 465 W PUTNAM AVE PORTERVILLE CA 93257 | 400 W MINERAL KING AVE VISALIA CA 93291 | 263 PEARSON DR PORTERVILLE CA 93257 |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (559) 784-1110 | (559) 624-2000 | (559) 784-1110 |
| Language(s): | Fax: | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--------------------------------------|-----------------------|-------------------|------------------|
| MULTI-SPECIALTY GROUP | | | |
| CLINICA AGUA VIVA LINDSAY | 833 SEQUOIA AVE | | |
| Availability: CLOSED TO COMMERCIAL | LINDSAY CA 93247 | | |
| Board Certified: | Phone: (559) 784-5483 | | |
| Language(s): | Fax: (559) 784-5433 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| SHYAM BHASKAR MD | | | |
| Availability: OPEN TO MEDI-CAL | 1425 MAIN ST | | |
| Board Certified: | DELANO CA 93215 | | |
| Language(s): | Phone: (661) 778-0920 | | |
| Gender Affirming Care: No | Fax: (661) 778-0919 | | |
| Group Affiliation: SHYAM BHASKAR, MD | | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|----------------------------|--------------------|------------------|
| PEDIATRICS | | | |
| ALVAREZ,FRANK M | 432 E KING AVE | | |
| Availability: CLOSED TO NEW, OPEN TO EXISTIN | TULARE CA 93274 | | |
| Board Certified: | Phone: (559) 685-5610 | | |
| Language(s): SPANISH | Fax: (559) 685-5617 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| AMU SIERRA,JAVIER | | | |
| Availability: OPEN | 1093 11TH ST | | |
| Board Certified: YES | REEDLEY CA 93654 | | |
| Language(s): SPANISH | Phone: (559) 743-7340 | | |
| | Fax: (559) 743-7395 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| BENINCORE ROBLEDO,ANDRES | | | |
| Availability: OPEN | 1134 E CARTMILL AVE BLDG A | 16686 ROAD 168 | |
| Board Certified: | TULARE CA 93274 | WOODVILLE CA 93257 | |
| Language(s): | Phone: (559) 686-9097 | (559) 686-9097 | |
| | Fax: (559) 556-0083 | (559) 366-1022 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| BUSTAMANTE,JAVIER | | | |
| Availability: OPEN | 1215 34TH ST | | |
| Board Certified: YES | BAKERSFIELD CA 93301 | | |
| | Phone: (661) 663-4700 | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|---|---|------------------|
| Language(s): SPANISH Gender Affirming Care: No Group Affiliation: | Fax: (661) 663-4740 | | |
| BUTTAN,POONAM G Availability: OPEN Board Certified: NO Language(s): HINDI Gender Affirming Care: No Group Affiliation: | 166 N VILLA ST PORTERVILLE CA 93257 Phone: (559) 782-0581 Fax: (559) 782-1163 | | |
| DE LA CRUZ - SANTAMARIA,RODRIGO J Availability: OPEN Board Certified: Language(s): Gender Affirming Care: No Group Affiliation: | 3035 E BARDSLEY AVE TULARE CA 93274 Phone: (559) 686-9097 Fax: (559) 687-1037 | 1134 E CARTMILL AVE BLDG A TULARE CA 93274 (559) 686-9097 (559) 556-0083 | |
| ESKIF-DABBAGH,BAKRI Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | 1134 E CARTMILL AVE BLDG A TULARE CA 93274 Phone: (559) 686-9097 Fax: (559) 366-0083 | | |
| FERRER,MARIA L Availability: OPEN | 912 FREMONT ST DELANO CA 93280 | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--|-------------------|------------------|
| Board Certified: Language(s): SPANISH | Phone: (866) 707-6664 Fax: (661) 746-9197 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| GEHLAWAT,DILBAGH S | 912 FREMONT ST | | |
| Availability: CLOSED TO MEDI-CAL | DELANO CA 93215 | | |
| Board Certified: YES | Phone: (866) 707-6664 | | |
| Language(s): HINDI | Fax: (661) 459-1974 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| GU,HUIYING | 1922 S COURT ST | | |
| Availability: OPEN | VISALIA CA 93277 | | |
| Board Certified: YES | Phone: (559) 625-0888 | | |
| Language(s): CHINESE | Fax: (559) 625-0688 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| HAYES JR,JOSEPH L | 4900 CALIFORNIA AVE STE 100B | | |
| Availability: OPEN | BAKERSFIELD CA 93309 | | |
| Board Certified: SL | Phone: (866) 707-6664 | | |
| Language(s): | Fax: (661) 746-9197 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: OMNI FAMILY HEALTH | | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|---|-------------------|------------------|
| HWANG,AURORA GRACE E Availability: OPEN Board Certified: NO Language(s): TAGALOG Gender Affirming Care: No Group Affiliation: | 835 N SEQUOIA AVE LINDSAY CA 93247 Phone: (559) 562-5177 Fax: (559) 562-9284 | | |
| HWANG,AURORA GRACE E Availability: OPEN Board Certified: NO Language(s): TAGALOG Gender Affirming Care: No Group Affiliation: | 41689 ROAD 128 OROSI CA 93647 Phone: (559) 528-1777 Fax: (559) 528-1778 | | |
| KAMBOJ,PREM K Availability: CLOSED Board Certified: PD Language(s): HINDI Gender Affirming Care: No Group Affiliation: | 1062 N CHERRY ST TULARE CA 93274 Phone: (559) 686-3824 Fax: (559) 686-3741 | | |
| LOPEZ,SARAH A Availability: CLOSED Board Certified: PD Language(s): Gender Affirming Care: No | 1062 N CHERRY ST TULARE CA 93274 Phone: (559) 686-3824 Fax: (559) 686-3741 | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|--|--|--|
| Group Affiliation: | | | |
| MEHRETAB-ROMAN,YOHANNA A | 912 FREMONT ST DELANO CA 93215 | | |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (866) 707-6664 | | |
| Language(s): SPANISH | Fax: (661) 459-1974 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| MENESES-SAMSON,DOROTHY B | 1110 W VISALIA RD STE 102 EXETER CA 93221 | 1110 W VISALIA RD STE EXETER CA 93221 | |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (866) 707-6664 | (866) 707-6664 | |
| Language(s): TAGALOG | Fax: (661) 237-6889 | (661) 237-6889 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| NGUYEN,DIEM NGOC | 726 MEDICAL CENTER DR E STE 209 CLOVIS CA 93611 | 215 N FRESNO ST STE 370 FRESNO CA 93701 | |
| Availability: | | | |
| Board Certified: | Phone: (559) 325-5656 | (559) 459-2327 | |
| Language(s): | Fax: (559) 325-5568 | (559) 459-1539 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| NGUYEN,THACH BAO JONATHAN | 9508 STOCKDALE HWY STE 150 BAKERSFIELD CA 93311 | 1215 34TH ST BAKERSFIELD CA 93301 | 300 OLD RIVER RD STE 105 BAKERSFIELD CA 93311 |
| Availability: CLOSED | | | |
| Board Certified: YES | Phone: (661) 663-7500 | (661) 663-4700 | (661) 663-4700 |
| Language(s): | Fax: (661) 663-7503 | (661) 489-3338 | (661) 663-4740 |

Location: /PRODUCTION/CREDENTIALING/PROVIDER ROSTER
Report Name: Primary Care Physician Roster (DHIMGT)

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|---|---|--|
| Gender Affirming Care: No Group Affiliation: COASTAL KIDS | | | |
| ORTH,ROBERT L Availability: CLOSED Board Certified: PD Language(s): | 1062 N CHERRY ST TULARE CA 93274 Phone: (559) 686-3824 Fax: (559) 686-3741 | 1008 N CHERRY ST TULARE CA 93274 (559) 688-5437 | |
| Gender Affirming Care: No Group Affiliation: | | | |
| PALOMAKI,MARY BETH Availability: OPEN Board Certified: YES Language(s): | 1134 E CARTMILL AVE BLDG A TULARE CA 93274 Phone: (559) 686-9097 Fax: (559) 556-0083 | 1500 W TULARE DR TULARE CA 93274 (559) 686-9097 (559) 366-7060 | 3035 E BARDSLEY AVE TULARE CA 93274 (559) 686-9097 (559) 687-1037 |
| Gender Affirming Care: No Group Affiliation: ALTURA CENTERS FOR HEALTH | | | |
| PETERS,JACOB K Availability: OPEN Board Certified: YES Language(s): SPANISH | 750 G ST REEDLEY CA 93654 Phone: (559) 637-9818 Fax: (559) 637-9910 | | |
| Gender Affirming Care: No Group Affiliation: | | | |
| RAO,ANURADHA Availability: CLOSED TO MEDI-CAL | 912 FREMONT ST DELANO CA 93215 | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--|--|---|
| Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: | Phone: (866) 707-6664 Fax: (661) 746-9197 | | |
| RAVI,USHA Availability: OPEN Board Certified: YES Language(s): HINDI Gender Affirming Care: No Group Affiliation: PEDIATRIC MEDICAL ASSOCIATES | 1062 N CHERRY ST TULARE CA 93274 Phone: (559) 686-3824 Fax: (559) 686-3741 | | |
| RESA,RAMON Availability: CLOSED TO MEDI-CAL Board Certified: Language(s): SPANISH Gender Affirming Care: No Group Affiliation: | 569 W PUTNAM AVE PORTERVILLE CA 93257 Phone: (559) 781-9301 Fax: (559) 782-7639 | | |
| ROCHA-MILLAN,JORGE Availability: OPEN Board Certified: Language(s): Gender Affirming Care: No Group Affiliation: ALTURA CENTERS FOR HEALTH | 1500 W TULARE DR TULARE CA 93274 Phone: (559) 686-9097 Fax: (559) 366-7060 | 16686 ROAD 168 WOODVILLE CA 93257 (559) 686-9097 (559) 366-1022 | 1134 E CARTMILL AVE BLDG A TULARE CA 93274 (555) 968-6909 (559) 556-0083 |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--|-------------------|------------------|
| RUERAS,MARIA CECILIA M Availability: OPEN Board Certified: YES Language(s): TAGALOG Gender Affirming Care: No Group Affiliation: | 9508 STOCKDALE HWY STE 150 BAKERSFIELD CA 93311 Phone: (661) 663-7500 Fax: (661) 663-3063 | | |
| RUIZ-RIVERA,JORGE A Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | 1134 E CARTMILL AVE BLDG A TULARE CA 93274 Phone: (559) 686-9097 Fax: (559) 556-0083 | | |
| RUSCH,MARIA T Availability: OPEN Board Certified: YES Language(s): TAGALOG Gender Affirming Care: No Group Affiliation: | 1077 W MORTON AVE STE 101 PORTERVILLE CA 93257 Phone: (559) 781-5022 Fax: (559) 781-6990 | | |
| SENDAR,LYNDON Availability: Board Certified: Language(s): Gender Affirming Care: No | 1100 BEAR MOUNTAIN BLVD ARVIN CA 93203 Phone: (661) 319-1101 Fax: (661) 459-3535 | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|-------------------------|-------------------|------------------|
| Group Affiliation: VANGUARD MEDICAL CORPORATION | | | |
| SHAH,ASIT V | 1062 N CHERRY ST | | |
| Availability: CLOSED | TULARE CA 93274 | | |
| Board Certified: PD | Phone: (559) 686-3824 | | |
| Language(s): HINDI | Fax: (559) 686-3741 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| TAVEROS,MEL CLARK R | 1500 6TH AVE | | |
| Availability: OPEN | DELANO CA 93215 | | |
| Board Certified: YES | Phone: (661) 725-1010 | | |
| Language(s): TAGALOG | Fax: (661) 725-6940 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| VERMA,PREETI | 1530 E MANNING AVE | | |
| Availability: OPEN | REEDLEY CA 93654 | | |
| Board Certified: | Phone: (866) 707-6664 | | |
| Language(s): HINDI | Fax: (661) 746-9197 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| WARDONO,IRA | 1100 BEAR MOUNTAIN BLVD | | |
| Availability: | ARVIN CA 93203 | | |
| Board Certified: AM BD PEDIATRICS | Phone: (661) 319-1101 | | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|---|---|------------------|
| Language(s): INDONESIAN Gender Affirming Care: No Group Affiliation: | Fax: (661) 459-3535 | | |
| YUZON,MA CORAZON E Availability: CLOSED SENIOR Board Certified: YES Language(s): TAGALOG Gender Affirming Care: No Group Affiliation: | 1500 6TH AVE DELANO CA 93215 Phone: (661) 725-1010 Fax: (661) 725-1117 | | |
| ZEGARRA-LOZA,RICARDO D Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | 1134 E CARTMILL AVE BLDG A TULARE CA 93274 Phone: (559) 686-9097 Fax: (559) 556-0083 | 1500 W TULARE DR TULARE CA 93274 (559) 686-9097 (559) 366-7060 | |

DHIMGT Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|-----------------------|-------------------|------------------|
| PULMONARY DISEASES | | | |
| CHOPRA,JATINDER | 858 N CHERRY ST STE E | | |
| Availability: CLOSED TO MED-CAL | TULARE CA 93274 | | |
| Board Certified: YES | Phone: (559) 686-4766 | | |
| Language(s): PUNJABI | Fax: (559) 686-2016 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |