

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|---------------------------|----------------------|------------------|
| FAMILY PRACTICE | | | |
| ANTES,ANDREW W | 528 CAPITOLA AVE | | |
| Availability: OPEN | CAPITOLA CA 95010 | | |
| Board Certified: AM BD FAMILY MEDICINE | Phone: (831) 475-1630 | | |
| Language(s): | Fax: (831) 475-1629 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP - DOMINICAN | | | |
| BEDOLLA ROCHA,ELISABETH | 204 E BEACH ST | 45 NEILSON ST | |
| Availability: CLOSED | WATSONVILLE CA 95076 | WATSONVILLE CA 95076 | |
| Board Certified: YES | Phone: (831) 728-0222 | (831) 728-0222 | |
| Language(s): | Fax: (831) 707-2777 | (831) 707-2777 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: SALUD PARA LA GENTE | | | |
| BERGREN,JOHN D | 245 MOUNT HERMON RD STE L | | |
| Availability: OPEN TO EXISTING | SCOTTS VALLEY CA 95066 | | |
| Board Certified: YES | Phone: (831) 430-7203 | | |
| Language(s): | Fax: (831) 335-7070 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|--|--|------------------|
| BRAR,SARTAJ SINGH Availability: OPEN Board Certified: YES Language(s): PUNJABI Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | 2018 MISSION ST SANTA CRUZ CA 95060 Phone: (831) 706-2220 Fax: (831) 425-2034 | | |
| CABARAL,MARGARITA H Availability: OPEN TO EXISTING Board Certified: NO Language(s): Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | 1595 SOQUEL DR STE 400 SANTA CRUZ CA 95065-0000 Phone: (831) 475-1111 Fax: (831) 476-5020 | | |
| CHEN,ROBERT P Availability: OPEN TO EXISTING Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | 528 CAPITOLA AVE CAPITOLA CA 95010 Phone: (831) 475-1630 Fax: (831) 475-1629 | 1820 41ST AVE STE C CAPITOLA CA 95010 (831) 684-7611 (831) 477-2009 | |
| COLDWATER,KEVIN B | 45 NEILSON ST | 204 E BEACH ST | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--|--|---|
| Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: SALUD PARA LA GENTE | WATSONVILLE CA 95076 Phone: (831) 728-0222 Fax: (831) 707-2777 | WATSONVILLE CA 95076 (831) 728-8250 (831) 707-2777 | |
| CORNEJO,FLAVIO A | 204 E BEACH ST WATSONVILLE CA 95076 | 45 NEILSON ST WATSONVILLE CA 95076 | |
| Availability: CLOSED Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: SALUD PARA LA GENTE | WATSONVILLE CA 95076 Phone: (831) 728-0222 Fax: (831) 707-2777 | WATSONVILLE CA 95076 (831) 728-0222 (831) 707-2777 | |
| CRAWFORD,JULIA D | 4700 SOQUEL DR SOQUEL CA 95073 | 1820 41ST AVE STE CAPITOLA CA 95010 | 6215 HWY 9 FELTON CA 95018 |
| Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP-DOMINICAN | SOQUEL CA 95073 Phone: (831) 888-9410 Fax: (831) 477-7795 | CAPITOLA CA 95010 (831) 684-7611 (831) 477-2009 | FELTON CA 95018 (831) 335-9111 (831) 335-7070 |
| CUDAHY,PATRICK A | 1595 SOQUEL DR STE 400 SANTA CRUZ CA 95065-1724 | | |
| Availability: OPEN | | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|--|------------------------|------------------|
| Board Certified: ABFM- FAMILY MEDICINE- GENERAL Language(s): Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | Phone: (831) 475-1111 Fax: (831) 476-5020 | | |
| DECLEVE,GAEL F | 528 CAPITOLA AVE | | |
| Availability: OPEN TO EXISTING Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | CAPITOLA CA 95010 Phone: (831) 475-1630 Fax: (831) 475-1629 | | |
| GONZALEZ,EVELIN R | 204 E BEACH ST | | |
| Availability: CLOSED Board Certified: Language(s): Gender Affirming Care: No Group Affiliation: SALUD PARA LA GENTE | WATSONVILLE CA 95076 Phone: (831) 728-0222 Fax: (831) 707-2777 | | |
| JONES,WHAY H | 2018 MISSION ST | 1820 41ST AVE STE C | |
| Availability: OPEN TO EXISTING | SANTA CRUZ CA 95060 | CAPITOLA CA 95010-2516 | |

DHMN- SC 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: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | Phone: (831) 706-2220 Fax: (831) 425-2034 | (831) 684-7611 (831) 477-2009 | |
| JOZWIAKOWSKI,ANDREW PARKER | 4700 SOQUEL DR | | |
| Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP - DOMINICAN | SOQUEL CA 95073 Phone: (831) 888-9410 Fax: (831) 477-7795 | | |
| KELLY,JENNIFER L | 2018 MISSION ST | | |
| Availability: OPEN TO EXISTING Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | SANTA CRUZ CA 95060 Phone: (831) 706-2220 Fax: (831) 425-2034 | | |
| KRAUSHAAR,DIANA Z | 204 E BEACH ST | 45 NEILSON ST | 208 GREEN VALLEY RD |
| Availability: CLOSED Board Certified: YES | WATSONVILLE CA 95076 Phone: (831) 728-0222 | WATSONVILLE CA 95076 (831) 728-8222 | FREEDOM CA 95019 (831) 728-8250 |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--|---------------------------------------|------------------|
| Language(s): Gender Affirming Care: No Group Affiliation: SALUD PARA LA GENTE | Fax: (831) 707-2777 | (831) 707-2777 | (831) 707-2777 |
| LETAMENDI,ROBERT F | 204 E BEACH ST WATSONVILLE CA 95076 | 45 NIELSON ST WATSONVILLE CA 95076 | |
| Availability: OPEN Board Certified: Language(s): Gender Affirming Care: No Group Affiliation: SALUD PARA LA GENTE | Phone: (831) 728-0222 Fax: (831) 707-2777 | (831) 728-0222 (831) 707-2777 | |
| LEWIS,ANDREW HAMILTON | 1665 DOMINICAN WAY SANTA CRUZ CA 95065 | | |
| Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | Phone: (831) 246-8772 Fax: (831) 331-4737 | | |
| MANUEL-ARGUELLES,DAISY MANUEL | 528 CAPITOLA AVE CAPITOLA CA 95010-2750 | | |
| Availability: OPEN Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP - DOMINICAN | Phone: (831) 475-1630 Fax: (831) 475-1629 | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|---|---|------------------|
| MARTINEZ,ARIEL Availability: CLOSED Board Certified: NO Language(s): SPANISH Gender Affirming Care: No Group Affiliation: | 1185 FREEDOM BLVD STE 1 WATSONVILLE CA 95076 Phone: (831) 786-9250 Fax: (831) 786-9252 | | |
| MCCLAUGHRY,CORINNE M Availability: CLOSED Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: SALUD PARA LA GENTE | 204 E BEACH ST WATSONVILLE CA 95076 Phone: (831) 728-8250 Fax: (831) 707-2777 | 45 NEILSON ST WATSONVILLE CA 95076 (831) 728-0222 (831) 707-2777 | |
| MCDANIEL,ANNE-MARIE E Availability: OPEN TO EXISTING Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP-DOMINICAN | 575 AUTO CENTER DR WATSONVILLE CA 95076 Phone: (831) 288-6537 Fax: (831) 722-2855 | | |
| MCDANIEL,CLAYTON R Availability: OPEN TO EXISTING Board Certified: YES | 575 AUTO CENTER DR WATSONVILLE CA 95076 Phone: (831) 288-6537 | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|---------------------------|----------------------|------------------|
| Language(s): SPANISH Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | Fax: (831) 722-2855 | | |
| MOLEYAR NARAYANA, PRASEEDA | 245 MOUNT HERMON RD STE L | | |
| Availability: CLOSE | SCOTTS VALLEY CA 95066 | | |
| Board Certified: | Phone: (831) 430-7203 | | |
| Language(s): | Fax: (831) 335-7070 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | | | |
| MORILLO-HERNANDEZ, CARLOS A | 204 E BEACH ST | 45 NIELSON ST | |
| Availability: OPEN | WATSONVILLE CA 95076 | WATSONVILLE CA 95076 | |
| Board Certified: YES | Phone: (831) 728-0222 | (831) 728-0222 | |
| Language(s): | Fax: (831) 707-2777 | (831) 707-2777 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: SALUD PARA LA GENTE | | | |
| NAGLE, JACKSON C | 2018 MISSION ST | | |
| Availability: OPEN TO EXISTING | SANTA CRUZ CA 95060 | | |
| Board Certified: YES | Phone: (831) 706-2220 | | |
| Language(s): | Fax: (831) 425-2034 | | |
| Gender Affirming Care: No | | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|-----------------------|----------------------|------------------|
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | | | |
| PANAMENO, KARLA E | 204 E BEACH ST | 45 NEILSON ST | |
| Availability: CLOSED | WATSONVILLE CA 95076 | WATSONVILLE CA 95076 | |
| Board Certified: YES | Phone: (831) 728-0222 | (831) 728-0222 | |
| Language(s): SPANISH | Fax: (831) 707-2777 | (831) 707-2777 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: SALUD PARA LA GENTE | | | |
| TORRES, ROSALICIA D | 204 E BEACH ST | 45 NEILSON ST | |
| Availability: CLOSED | WATSONVILLE CA 95076 | WATSONVILLE CA 95076 | |
| Board Certified: YES | Phone: (831) 728-0222 | (831) 728-0222 | |
| Language(s): SPANISH | Fax: (831) 707-2777 | (831) 707-2777 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: SALUD PARA LA GENTE | | | |
| VARADIAN, ELIZABETH R | 204 E BEACH ST | 45 NIELSON ST | |
| Availability: OPEN | WATSONVILLE CA 95076 | WATSONVILLE CA 95076 | |
| Board Certified: YES | Phone: (831) 728-0222 | (831) 728-0222 | |
| Language(s): | Fax: (831) 707-2777 | (831) 707-2777 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: SALUD PARA LA GENTE | | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--|---------------------------------------|------------------|
| WASHBURN,ELISA ELAINE Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | 1665 DOMINICAN WAY SANTA CRUZ CA 95065 Phone: (831) 246-8772 Fax: (831) 331-4737 | | |
| WEBER,ROBERT J Availability: OPEN TO EXISTING Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | 575 AUTO CENTER DR WATSONVILLE CA 95076 Phone: (831) 288-6537 Fax: (831) 722-2855 | | |
| WENTWORTH,BRENT P Availability: OPEN TO EXISTING Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | 4700 SOQUEL DR SOQUEL CA 95073 Phone: (831) 888-9410 Fax: (831) 477-7795 | | |
| WOLBERS,LINDA L Availability: CLOSED | 204 E BEACH ST WATSONVILLE CA 95076 | 45 NIELSON ST WATSONVILLE CA 95076 | |

DHMN- SC 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: (831) 728-0222 Fax: (831) 707-2777 | (831) 728-0222 (831) 707-2777 | |
| ZANE,GARY J | 575 AUTO CENTER DR | | |
| Availability: OPEN Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | WATSONVILLE CA 95076 Phone: (831) 288-6537 Fax: (831) 722-2855 | | |
| ZANKER,DARLENE A | 2018 MISSION ST | | |
| Availability: OPEN TO EXISTING Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | SANTA CRUZ CA 95060 Phone: (831) 706-2220 Fax: (831) 425-2034 | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|---------------------------|-------------------|------------------|
| INTERNAL MEDICINE | | | |
| CHANDRA,SATISH | 1595 SOQUEL DR STE 400 | | |
| Availability: CLOSED | SANTA CRUZ CA 95065 | | |
| Board Certified: YES | Phone: (831) 475-1111 | | |
| Language(s): HINDI | Fax: (831) 476-5020 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | | | |
| LOPEZ-BERMEJO,MELISSA Z | 243 GREEN VALLEY RD STE D | | |
| Availability: OPEN | FREEDOM CA 95019 | | |
| Board Certified: | Phone: (831) 761-6327 | | |
| Language(s): TAGALOG | Fax: (831) 761-7769 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| NGUYEN,VINCENT GIA | 245 MOUNT HERMON RD STE L | | |
| Availability: OPEN | SCOTT'S VALLEY CA 95066 | | |
| Board Certified: IM | Phone: (831) 430-7203 | | |
| Language(s): VIETNAMESE | Fax: (831) 430-7204 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP - DOMINICAN | | | |
| QI,YINGWEI | 1595 SOQUEL DR STE 400 | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|-----------------------------|-------------------|------------------|
| Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | SANTA CRUZ CA 95065 | | |
| | Phone: (831) 475-1111 | | |
| | Fax: (831) 476-5020 | | |
| RAVAGO, FRANCISCO LARDIZABAL | 99 AIRPORT BLVD | | |
| Availability: OPEN | FREEDOM CA 95019 | | |
| Board Certified: NO | Phone: (831) 724-7521 | | |
| Language(s): | Fax: (831) 724-9566 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: COASTAL HEALTHCARE | | | |
| ROMO GRITZEWSKY, MARYLOU | 268 GREEN VALLEY RD BLDG 4 | | |
| Availability: CLOSED | FREEDOM CA 95019 | | |
| Board Certified: YES | Phone: (831) 728-0440 | | |
| Language(s): SPANISH | Fax: (831) 273-5878 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: | | | |
| VU, THANH (TOM) N | 245 MOUNT HERMON RD STE L | | |
| Availability: OPEN TO EXISTING | SCOTTS VALLEY CA 95066-4044 | | |
| Board Certified: YES | Phone: (831) 430-7203 | | |
| Language(s): VIETNAMESE | Fax: (831) 335-7070 | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|-----------------------|-------------------|------------------|
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | | | |
| WHITE,MELINDA M | 528 CAPITOLA AVE | | |
| Availability: OPEN TO EXISTING | CAPITOLA CA 95010 | | |
| Board Certified: YES | Phone: (831) 475-1630 | | |
| Language(s): SPANISH | Fax: (831) 475-1629 | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|---|--|--|
| PEDIATRICS | | | |
| ELEVADO, MARIA DELA CRUZ | 204 E BEACH ST BLDG A WATSONVILLE CA 95076 | 45 NEILSON ST WATSONVILLE CA 95076 | |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (831) 728-0222 | (831) 728-0222 | |
| Language(s): PHILIPPINE (OTHER) | Fax: (831) 707-2777 | (831) 707-2777 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: SALUD PARA LA GENTA | | | |
| FAHEEM, SARA S | 1820 41ST AVE STE D CAPITOLA CA 95010 | 105 POST OFFICE DR STE APTOS CA 95003 | |
| Availability: OPEN | | | |
| Board Certified: YES | Phone: (831) 476-3000 | (831) 612-6264 | |
| Language(s): | Fax: (831) 476-9009 | (831) 612-6265 | |
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | | | |
| FRANCIS, DEVON R | 45 NEILSON ST WATSONVILLE CA 95076 | 252 GREEN VALLEY RD FREEDOM CA 95019 | 204 E BEACH ST A WATSONVILLE CA 95760 |
| Availability: CLOSED | | | |
| Board Certified: YES | Phone: (831) 728-0222 | (831) 728-0222 | (831) 728-0222 |
| Language(s): | Fax: (831) 707-2777 | (831) 707-2777 | (831) 707-0777 |
| Gender Affirming Care: No | | | |
| Group Affiliation: SALUD PARA LA GENTE | | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|--|--|--|------------------|
| GRAZIANI,STEPHANIE M Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | 1820 41ST AVE STE D CAPITOLA CA 95010 Phone: (831) 476-3000 Fax: (831) 470-9009 | 105 POST OFFICE DR STE APTOS CA 95003 (831) 612-6264 (831) 612-6265 | |
| LYNCH,REBECCA M Availability: CLOSED Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: SALUD PARA LA GENTE | 204 E BEACH ST WATSONVILLE CA 95076 Phone: (831) 728-0222 Fax: (831) 707-2777 | | |
| MARRERO,SHANNON L Availability: CLOSED Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: SALUD PARA LA GENTE | 204 E BEACH ST WATSONVILLE CA 95076 Phone: (831) 728-0222 Fax: (831) 707-2777 | 45 NEILSON ST WATSONVILLE CA 95076 (831) 728-0222 (831) 707-2777 | |
| PARELLO,CORY J Availability: OPEN | 105 POST OFFICE DRIVE, STE F APTOS CA 95003 | | |

DHMN- SC 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: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | Phone: (831) 612-6264 Fax: (831) 612-6265 | | |
| PARELLO,JILL ANGELA PAGNI | 105 POST OFFICE DR STE F | | |
| Availability: OPEN Board Certified: YES Language(s): SPANISH Gender Affirming Care: No Group Affiliation: DIGNITY HEALTH MEDICAL GROUP- DOMINICAN | APTOS CA 95003 Phone: (831) 612-6264 Fax: (831) 612-6265 | | |
| SHAH,RUTU DIGANTKUMAR, DIGANT | 1820 41ST AVE STE D | | |
| Availability: OPEN Board Certified: YES Language(s): Gender Affirming Care: No Group Affiliation: | CAPITOLA CA 95010-2516 Phone: (831) 476-3000 Fax: (831) 476-9009 | | |
| SHAW,LINDA L | 64 ASPEN WAY | 45 NEILSON ST | |
| Availability: CLOSED Board Certified: YES Language(s): SPANISH Gender Affirming Care: No | WATSONVILLE CA 95019 Phone: (831) 728-0222 Fax: (831) 707-2777 | WATSONVILLE CA 95076 (831) 728-0222 (831) 707-2777 | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|---|--|--|--|
| Group Affiliation: SALUD PARA LA GENTE | | | |
| TRAN,HONG-NHUNG R | 1820 41ST AVE STE D CAPITOLA CA 95010 | 105 POST OFFICE DR STE APTOS CA 95003 | 245 MT HERMON RD STE L SCOTTS VALLEY CA 95066 |
| Availability: OPEN | Phone: (831) 476-3000 | (831) 612-6264 | (831) 335-9111 |
| Board Certified: YES | Fax: (831) 476-3003 | (831) 612-6265 | (831) 335-7070 |
| Language(s): | | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP-DOMINICAN | | | |
| WHEELER,JEDEDIAH L | 1820 41ST AVE STE D CAPITOLA CA 95010 | 105 POST OFFICE DR STE APTOS CA 95003 | 245 MT HERMON RD STE L SCOTTS VALLEY CA 95066 |
| Availability: OPEN | Phone: (831) 476-3000 | (831) 612-6264 | (831) 216-5273 |
| Board Certified: NO | Fax: (831) 476-9009 | (831) 612-6265 | (831) 430-7205 |
| Language(s): | | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: DIGNITY HEALTH MEDICAL GROUP-DOMINICAN | | | |
| YOO,MIHWA | 204 E BEACH ST WATSONVILLE CA 95076 | 45 NIELSON ST WATSONVILLE CA 95076 | |
| Availability: OPEN | Phone: (831) 728-0222 | (831) 728-0222 | |
| Board Certified: YES | Fax: (831) 707-2777 | (831) 707-2777 | |
| Language(s): KOREAN | | | |
| Gender Affirming Care: No | | | |
| Group Affiliation: SALUD PARA LA GENTE | | | |

DHMN- SC Primary Care Physician Roster

| Provider Specialty / Provider Name | Primary Address | Secondary Address | Tertiary Address |
|------------------------------------|-----------------|-------------------|------------------|
| | | | |