

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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## ACUPUNCTURE

### ACUHOPE ACUPUNCTURE - 888925

Group Affiliation:

Language(s):

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

## ALLERGY & IMMUNOLOGY

### CHOPRA,PREETI - 280561

Group Affiliation:

Language(s):

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

### GIANOS,MARY E - 280450

Group Affiliation:

Language(s):

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

### PORCH-CURREN,CRISTINA NICOLE - 280481

Group Affiliation: COASTAL ALLERGY CARE

Language(s):

| SPANISH | Office # | Street:  | Phone:         | Fax:           |
|---------|----------|--|----------------|----------------|
| ITALIAN | OFFICE 1 | 2412 N PONDEROSA DR STE B111, CAMARILLO, CA 93010-2379 | (805) 482-8989 | (805) 987-2855 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

|          |  |                |                |
|----------|--|----------------|----------------|
| OFFICE 2 | 430 E AVENIDA DE LOS ARBOLES STE 203, THOUSAND OAKS, CA 91360-3017 | (805) 493-1537 | (805) 987-2855 |
| OFFICE 3 | 1687 ERRINGER RD STE 108, SIMI VALLEY, CA 93065-6509               | (805) 581-6482 | (805) 987-2855 |

**VERMA, PRASHANT - 280392**

Group Affiliation:

Language(s):

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

**VERMA, SANJIV - 280072**

Group Affiliation:

Language(s):

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

## AUDIOLOGY

**HEARX WEST - 880023**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**


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**NELSON AUDIOLOGY - 888908**

Group Affiliation:

Language(s):

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

**WEST COAST HEARING & BALANCE CTR - 880280**

Group Affiliation:

Language(s):

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

## CARDIAC ELECTROPHYSIOLOGY

**DUKES, JONATHAN W - 281313**

Group Affiliation: CARDIOLOGY ASSOCIATES MEDICAL GROUP

Language(s):

| Office # | Street:                                   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 100 N BRENT ST STE 301, VENTURA, CA 93003 | (805) 653-0101 | (805) 641-0434 |
| OFFICE 2 | 1701 SOLAR DR STE 150, OXNARD, CA 93030   | (805) 278-4020 | (805) 278-4015 |

**SOVARI, ALI ALIZADEH - 280982**

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

## CARDIOVASCULAR DISEASES

**CASTILLO,ADRIAN R - 281312**

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GROUP

Language(s):

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

**DAVE,KHAMAJ - 280260**

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

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

**EYVAZIAN,VAUGHN A - 281207**

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

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

**FATEMI,OMID - 281097**

Group Affiliation: CARDIOLOGY ASSOCIATES MEDICAL GROUP

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 1 100 N BRENT ST STE 301, VENTURA , CA 93003 (805) 653-0101 (805) 641-0434

**KONG JR, THOMAS Q - 280277**

Group Affiliation: DIGNITY HEALTH MED GRP-VENTURA COUNTY

Language(s):

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

**OBED, ESAM M - 280261**

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

ARABIC

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

**ROTHSCHILD, RICHARD BARRY - 280262**

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

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

**SCHMIDT, DAVID E - 280263**

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**SINGH,KARAN DEEP - 281258**

Group Affiliation: OXNARD CARDIOVASCULAR AND MEDICAL GROUP

Language(s):

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

**WANG,FAN-PING - 280264**

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

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

**ZAGER,SCOTT ANTHONY - 280265**

Group Affiliation: CABRILLO CARDIOLOGY MEDICAL GRP

Language(s):

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

## CARDIOVASCULAR SURGERY

**BUSHNELL,LAMAR J - 250120**

Group Affiliation: CALIF CARDIOVASCULAR &amp; THORACIC SURGEONS

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

## Provider Specialty / Provider Name

|  |          |  |                |                |
|--|----------|--|----------------|----------------|
|  | OFFICE 1 | 168 N BRENT ST STE 508, VENTURA, CA 93003-2840 | (805) 643-2375 | (805) 643-3511 |
|--|----------|--|----------------|----------------|

**KOTOYAN,RAFFI A - 281261**

Group Affiliation: SOLTERO &amp; YASUDA ASSOCIATES

Language(s):

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

**SOLTERO,MICHAEL J - 281260**

Group Affiliation: SOLTERO &amp; YASUDA ASSOCIATES

Language(s):

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

**YASUDA,RODERICK K - 281259**

Group Affiliation: SOLTERO &amp; YASUDA ASSOCIATES

Language(s):

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

## DERMATOLOGY

**DHARIA,RAHIL MUKESH - 281241**

Group Affiliation: PACIFIC CENTER FOR DERMATOLOGY

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

## Provider Specialty / Provider Name

**DU,LINGYUN - 281237**

Group Affiliation: CALIFORNIA SKIN INSITUTE MEDICAL GROUP

Language(s):

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

**LYNN,RIKK N - 281291**

Group Affiliation:

Language(s):

| Office # | Street:                                     | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 451 W GONZALES RD STE 150, OXNARD, CA 93030 | (805) 944-1130 | (805) 244-2568 |

**REDDY,SHIVANI - 281198**

Group Affiliation: CALIFORNIA SKIN INSITUTE MEDICAL GROUP

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 2438 N PONDEROSA DR STE C105, CAMARILLO, CA 93010-2465 | (805) 388-2068 | (805) 484-7700 |
| OFFICE 2 | 1700 N ROSE AVE STE 450, OXNARD, CA 93030-7626         | (805) 201-7150 | (805) 278-0137 |
| OFFICE 3 | 425 HAALAND DR STE 204, THOUSAND OAKS, CA 91361-5231   | (805) 497-8080 | (805) 497-8806 |

**SIMONI,AZITA - 281161**

Group Affiliation: CALIFORNIA SKIN INSITUTE MEDICAL GROUP

Language(s):

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

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## ENDOCRINOLOGY

**LEVIN, MICHELLE - 281299**

Group Affiliation:

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 5800 SANTA ROSA RD STE 149, CAMARILLO, CA 93012 | (805) 465-8900 | (805) 465-8920 |
| OFFICE 2 | 2361 E VINEYARD AVE, OXNARD, CA 93036           | (805) 981-3770 | (805) 981-9674 |

**NIKOOMANESH, TINA - 281300**

Group Affiliation:

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 5800 SANTA ROSA RD STE 149, CAMARILLO, CA 93012 | (805) 465-8900 | (805) 465-8920 |
| OFFICE 2 | 2361 E VINEYARD AVE, OXNARD, CA 93036           | (805) 981-3770 | (805) 981-9674 |
| OFFICE 3 | 2721 E MAIN ST, VENTURA, CA 93003               | (805) 667-2841 | (805) 667-2846 |

## FAMILY PLANNING

**PLANNED PARENTHOOD - 880149**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

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## GASTROENTEROLOGY

**FAN,ROBERT S - 281002**

Group Affiliation: WEST GASTROENTEROLOGY MEDICAL GRP

Language(s):

CANTONESE

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 33655 ALAMO ST STE 100, SEMI VALLEY, CA 93063-2187 | (805) 214-1514 | (805) 499-2103 |

**GONDHA,CHETAN VITHAL - 280383**

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 874-7911 |

**GUAN,JAY J - 281176**

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

MANDARIN

SPANISH

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

**LYCHE,KIP D - 280375**

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

SPANISH

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 874-7911 |
| OFFICE 2 | 1901 SOLAR DR STE 205, OXNARD, CA 93036-0632   | (805) 641-6525 | (805) 948-1505 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**MARASIGAN,JUSTIN MICHAEL - 281146**

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

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

**MENZ,CHARLES L - 280380**

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 874-7911 |
| OFFICE 2 | 1901 SOLAR DR STE 205, OXNARD, CA 93036-0632   | (805) 641-6525 | (805) 948-1505 |

**NASROLLAH,LAYA - 280551**

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 874-7911 |

**PEDRAZA,BENITO A - 280377**

Group Affiliation: ISLAND VIEW GASTROENTEROLOGY ASSOCIATES

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 168 N BRENT ST STE 404, VENTURA, CA 93003-2824 | (805) 641-6525 | (805) 874-7911 |
| OFFICE 2 | 1901 SOLAR DR STE 205, OXNARD, CA 93036-0632   | (805) 641-6525 | (805) 948-1505 |

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**Provider Specialty / Provider Name**


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**ROJANY, MICHA S - 280064**

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

|         | <b>Office #</b> | <b>Street:</b>   | <b>Phone:</b>  | <b>Fax:</b>    |
|---------|-----------------|--|----------------|----------------|
| FRENCH  | OFFICE 1        | 2241 WANKEL WAY STE A, OXNARD, CA 93030-0191           | (805) 484-7921 | (805) 388-5404 |
| SPANISH | OFFICE 2        | 4005 MISSION OAKS BLVD STE A, CAMARILLO, CA 93012-5156 | (805) 484-7921 | (805) 983-4186 |
|         | OFFICE 3        | 4009 MISSION OAKS BLVD, CAMARILLO, CA 93012            | (805) 484-7921 | (805) 388-5404 |

**SIMON, KAREN LEAH - 280336**

Group Affiliation: GENESIS HEALTHCARE PARTNERS PC

Language(s):

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

**GENERAL SURGERY**
**BABASHOFF, LISA L - 280957**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

|         | <b>Office #</b> | <b>Street:</b>                                     | <b>Phone:</b>  | <b>Fax:</b>    |
|---------|-----------------|--|----------------|----------------|
| SPANISH | OFFICE 1        | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-7657     | (805) 485-8722 | (805) 485-9311 |
|         | OFFICE 2        | 168 N BRENT ST STE 506, VENTURA, CA 93003          | (805) 653-6580 | (805) 653-6687 |
|         | OFFICE 3        | 2486 N PONDEROSA DR STE D 205, CAMARILLO, CA 93010 | (805) 988-7196 | (805) 988-7197 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**BARBARO,CASEY - 281028**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

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

**BRAND,LISA ELAINE - 280562**

Group Affiliation:

Language(s):

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

**CARDEN,ANTHONY - 281152**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

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

**DIXON,NEAL P - 280479**

Group Affiliation:

Language(s):

|  | <b>Office #</b> | <b>Street:</b>  | <b>Phone:</b>  | <b>Fax:</b>    |
|--|-----------------|---|----------------|----------------|
|  | OFFICE 1        | 2486 N PONDEROSA DR STE D-205, CAMARILLO, CA 93010-2471 | (805) 988-7196 | (805) 988-7197 |
|  | OFFICE 2        | 168 N BRENT ST STE 506, VENTURA, CA 93003               | (805) 653-6580 | (805) 653-6687 |
|  | OFFICE 3        | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-7657          | (805) 485-8722 | (805) 485-9311 |

**DUNCAN,THOMAS - 281014**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

Language(s):

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

**EISNER,JOSEPH A - 280963**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

|         | <b>Office #</b> | <b>Street:</b>  | <b>Phone:</b>  | <b>Fax:</b>    |
|---------|-----------------|---|----------------|----------------|
| SPANISH |                 |   |                |                |
| FRENCH  | OFFICE 1        | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-7657          | (805) 485-8722 | (805) 485-9311 |
|         | OFFICE 2        | 168 N BRENT ST STE 506, VENTURA, CA 93003               | (805) 653-6580 | (805) 653-6687 |
|         | OFFICE 3        | 2486 N PONDEROSA DR STE D 205, CAMARILLO, CA 93010-2471 | (805) 988-7196 | (805) 988-7197 |

**JREIJE,KARIM MICHAEL - 281189**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

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

**MCCARTY,PATRICK M - 281082**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

|  | <b>Office #</b> | <b>Street:</b>  | <b>Phone:</b>  | <b>Fax:</b>    |
|--|-----------------|---|----------------|----------------|
|  | OFFICE 1        | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-7657          | (805) 485-8722 | (805) 485-9311 |
|  | OFFICE 2        | 168 N BRENT ST STE 506, VENTURA, CA 93003               | (805) 653-6580 | (805) 653-6687 |
|  | OFFICE 3        | 2486 N PONDEROSA DR STE D 205, CAMARILLO, CA 93010-2471 | (805) 988-7196 | (805) 988-7197 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**MOONEY, COLIN M. - 281310**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 2486 N PONDEROSA DR STE D-205, CAMARILLO, CA 93010-2471 | (805) 988-7196 | (805) 988-7197 |
| OFFICE 2 | 168 N BRENT ST STE 506, VENTURA, CA 93003               | (805) 653-6580 | (805) 653-6687 |
| OFFICE 3 | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-7657          | (805) 485-8722 | (805) 485-9311 |

**ROMERO, JAVIER - 281095**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

SPANISH

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

**SCHWEITZER, JEREMY - 281017**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

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

**SHELLITO, ADAM D - 281252**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

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

**TUAI, BRIAN CHIEN - 280959**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

Language(s):

|        |                 |   |                |                |
|--------|-----------------|---|----------------|----------------|
| KOREAN | <b>Office #</b> | <b>Street:</b>  | <b>Phone:</b>  | <b>Fax:</b>    |
| MANDAR | OFFICE 1        | 1700 N ROSE AVE STE 430, OXNARD, CA 93030-3790          | (805) 485-8722 | (805) 485-9311 |
|        | OFFICE 2        | 2486 N PONDEROSA DR STE D 205, CAMARILLO, CA 93010-2471 | (805) 988-7196 | (805) 988-7197 |
|        | OFFICE 3        | 168 N BRENT ST STE 506, VENTURA, CA 93003               | (805) 653-6580 | (805) 653-6687 |

**VAN SANT,LAUREN - 281264**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

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

**WU,SAMANTHA - 281202**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

|  |                 |   |                |                |
|--|-----------------|---|----------------|----------------|
|  | <b>Office #</b> | <b>Street:</b>  | <b>Phone:</b>  | <b>Fax:</b>    |
|  | OFFICE 1        | 1700 N ROSE AVE STE 430, OXNARD, CA 93030               | (805) 485-8722 | (805) 485-9311 |
|  | OFFICE 2        | 2486 N PONDEROSA DR STE D 205, CAMARILLO, CA 93010-2471 | (805) 988-7196 | (805) 988-7197 |
|  | OFFICE 3        | 168 N BRENT ST STE 506, VENTURA, CA 93003               | (805) 653-6580 | (805) 653-6687 |

## GYNECOLOGY-ONCOLOGY

**NARASIMHULU,DEEPA MAHESWARI - 281188**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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## HEMATOLOGY-ONCOLOGY

**BANTA,WARREN P - 280362**

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

|         |                 |   |                |                |
|---------|-----------------|---|----------------|----------------|
| SPANISH | <b>Office #</b> | <b>Street:</b>                            | <b>Phone:</b>  | <b>Fax:</b>    |
|         | OFFICE 1        | 1851 LOMBARD ST STE 105, OXNARD, CA 93030 | (805) 707-0800 | (805) 707-0808 |

**LEE,BYUNG - 280445**

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

|        |                 |   |                |                |
|--------|-----------------|---|----------------|----------------|
| KOREAN | <b>Office #</b> | <b>Street:</b>                                | <b>Phone:</b>  | <b>Fax:</b>    |
|        | OFFICE 1        | 1851 LOMARD ST STE 105, OXNARD, CA 93030-8231 | (805) 707-0800 | (805) 707-0808 |

**MA,AUSTIN JUNE - 280000**

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

|        |                 |  |                |                |
|--------|-----------------|--|----------------|----------------|
| KOREAN | <b>Office #</b> | <b>Street:</b>                                 | <b>Phone:</b>  | <b>Fax:</b>    |
|        | OFFICE 1        | 1851 LOMBARD ST STE 105, OXNARD, CA 93030-8231 | (805) 707-0800 | (805) 707-0808 |

**MASIELLO,DAVID P - 280363**

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

|         |                 |  |                |                |
|---------|-----------------|--|----------------|----------------|
| SPANISH | <b>Office #</b> | <b>Street:</b>                                 | <b>Phone:</b>  | <b>Fax:</b>    |
|         | OFFICE 1        | 1851 LOMBARD ST STE 105, OXNARD, CA 93030-8231 | (805) 707-0800 | (805) 707-0808 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**NAIK,RAHUL RAMESH - 281170**

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 1851 LOMBARD ST STE 105, OXNARD, CA 93030-8231 | (805) 707-0800 | (805) 707-0808 |

**PENG,WARNER - 281174**

Group Affiliation: AUSTIN MA MD A PROFESSIONAL CORP

Language(s):

| Office # | Street:                                   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 1851 LOMBARD ST STE 105, OXNARD, CA 93030 | (805) 707-0800 | (805) 707-0808 |

## HOSPITAL

**ST JOHN'S HOSPITAL CAMARILLO - 880087**

Group Affiliation:

Language(s):

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

**ST JOHN'S REGIONAL MEDICAL CENTER - 880088**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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## HYPERBARIC MEDICINE

**BRAND,LISA ELAINE - 280562**

Group Affiliation:

Language(s):

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

## INFECTIOUS DISEASES

**WOLFSOHN,JOSHUA BENJAMIN - 280443**

Group Affiliation:

Language(s):

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

## LABORATORY

**EXACT SCIENCES LABORATORIES - 888941**

Group Affiliation:

Language(s):

| Office # | Street:                                  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 145 BADGER RD STE 100, MADISON, WI 53713 | (608) 284-5700 | (608) 284-5701 |
| OFFICE 2 | 650 FORWARD DR, MADISON, WI 53711        | (608) 284-5700 |                |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**QUEST DIAGNOSTICS - 880151**

Group Affiliation:

Language(s):

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

**MARRIAGE/FAMILY COUNSELOR**
**CHANNING,LILLIAN G - 281227**

Group Affiliation: THE NEW BEGINNINGS CENTER

Language(s):

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

**RICHTER,SUSAN L - 281229**

Group Affiliation: THE NEW BEGINNINGS CENTER

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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**RUKULE,ANGELA M - 281226**

Group Affiliation: THE NEW BEGINNINGS CENTER

Language(s):

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

## MATERNAL FETAL MEDICINE

**ROBILIO,PETER ANDREW - 281073**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

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

## NEPHROLOGY

**CHANG,SUSAN SUJIN - 280116**

Group Affiliation: RENAL CONSULTANTS OF VENTURA COUNTY

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 2438 PONDEROSA DR N STE C101, CAMARILLO, CA 93010-2465 | (805) 383-9727 | (805) 764-0176 |
| OFFICE 2 | 1900 OUTLET CENTER DR, OXNARD, CA 93036-0677           | (805) 983-8049 | (805) 983-8076 |
| OFFICE 3 | 2705 LOMA VISTA RD STE 101, VENTURA, CA 93003-1596     | (805) 383-9727 | (805) 764-0176 |

# DHMNV - Specialty & Ancillary Provider Roster

## Provider Specialty / Provider Name

**CHIVANGKUL,CHONLADA - 281123**

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

THAI

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

**DANA,ALI PARDIS - 280442**

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

FARSI

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

**KUMAR,RAMDAS NANDA - 281305**

Group Affiliation: RENAL CONSULTANTS MEDICAL

Language(s):

MALAYALAM

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 227 W JANSS RD STE 310, THOUSAND OAKS, CA 91360-1889 | (805) 496-5800 | (805) 834-1088 |

**LEDESMA,STEVEN G - 280184**

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

SPANISH

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 1200 W GONZALES RD STE 300, OXNARD, CA 93036-3075 | (805) 983-0691 | (805) 981-1643 |
| OFFICE 2 | 242 E HARVARD BLVD, SANTA PAULA, CA 93060-3372    | (805) 983-0691 | (805) 983-8862 |
| OFFICE 3 | 4567 TELEPHONE RD STE 102, VENTURA, CA 93003-5665 | (805) 644-6673 | (805) 644-5641 |

**LIU,TANE - 280185**

Group Affiliation: VISTA DEL MAR MEDICAL GRP

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**


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Language(s):

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

**MAPARA,HASHIM ABDUL-REHMAN - 280998**

Group Affiliation: RENAL CONSULTANTS OF VENTURA COUNTY

Language(s):

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

**MAPARA,HASHIM ABDUL-REHMAN - 281219**

Group Affiliation:

Language(s):

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

**MORTAZAVI,KOOSHA - 280353**

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**NIRAULA,RAJENDRA P - 280485**

Group Affiliation: VISTA DEL MAR MEDICAL GRP

Language(s):

NEPALI

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

**SADEGHI,HAMID - 280179**

Group Affiliation: CALIFORNIA KIDNEY MEDICAL GRP

Language(s):

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

**SONBOL,SALAH - 281026**

Group Affiliation: CALIFORNIA KIDNEY MEDICAL GRP

Language(s):

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

**VERMANI,VIMAL - 280316**

Group Affiliation: RENAL CONSULTANTS OF VENTURA COUNTY

Language(s):

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

**WONG,CALBERT ALVIS - 280180**

Group Affiliation: RENAL CONSULTANTS OF VENTURA COUNTY

Language(s):

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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

**YAN,JIESHI - 281020**

Group Affiliation: SIERRA VISTA FAMILY MEDICAL CLINIC

Language(s):

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

## NEUROLOGY

**HINER,BRADLEY COLLINS - 281112**

Group Affiliation: LINK NEUROSCIENCE INSTITUTE

Language(s):

|  | <b>Office #</b> | <b>Street:</b>                                  | <b>Phone:</b>  | <b>Fax:</b>    |
|--|-----------------|---|----------------|----------------|
|  | OFFICE 1        | 1901 OUTLET CENTER DR STE 210, OXNARD, CA 93036 | (805) 983-0425 | (805) 200-4414 |

**LAN,ERIKA KRISTINE - 281236**

Group Affiliation: LINK NEUROSCIENCE INSTITUTE

Language(s):

|  | <b>Office #</b> | <b>Street:</b>                                   | <b>Phone:</b>  | <b>Fax:</b>    |
|--|-----------------|--|----------------|----------------|
|  | OFFICE 1        | 1901 OUTLET CENTER DR STE 3210, OXNARD, CA 93036 | (805) 983-0425 | (805) 200-4414 |

**NEZHAD,MANI K - 280559**

Group Affiliation: LINK NEUROSCIENCE INSTITUTE

Language(s):

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**


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|       |                 |   |                |                |
|-------|-----------------|---|----------------|----------------|
| FARSI | <b>Office #</b> | <b>Street:</b>                                  | <b>Phone:</b>  | <b>Fax:</b>    |
|       | OFFICE 1        | 1901 OUTLET CENTER DR STE 210, OXNARD, CA 93036 | (805) 983-0425 | (805) 200-4414 |

**SHEIKH,OMAIR AJMAL - 281141**

Group Affiliation: LINK NEUROSCIENCE INSTITUTE

Language(s):

|                 |   |                |                |
|-----------------|---|----------------|----------------|
| <b>Office #</b> | <b>Street:</b>                                  | <b>Phone:</b>  | <b>Fax:</b>    |
| OFFICE 1        | 1901 OUTLET CENTER DR STE 210, OXNARD, CA 93036 | (805) 983-0425 | (805) 200-4414 |

**NEUROLOGY, VASCULAR**


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**MIREMADI,BRIAN BEHDAD - 281284**

Group Affiliation: LINK NEUROSCIENCE INSTITUTE

Language(s):

|                 |   |                |                |
|-----------------|---|----------------|----------------|
| <b>Office #</b> | <b>Street:</b>                                  | <b>Phone:</b>  | <b>Fax:</b>    |
| OFFICE 1        | 1901 OUTLET CENTER DR STE 210, OXNARD, CA 93036 | (805) 983-0425 | (805) 200-4414 |

**TAYLOR,ROBERT ANTHONY - 281168**

Group Affiliation: LINK NEUROSCIENCE INSTITUTE

Language(s):

|                 |   |                |                |
|-----------------|---|----------------|----------------|
| <b>Office #</b> | <b>Street:</b>                                  | <b>Phone:</b>  | <b>Fax:</b>    |
| OFFICE 1        | 1901 OUTLET CENTER DR STE 210, OXNARD, CA 93036 | (805) 983-0425 | (805) 200-4414 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

## NEUROPSYCHOLOGY

**ROGERS,STEVEN ANDREW - 281169**

Group Affiliation: LINK NEUROSCIENCE INSTITUTE

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 1901 OUTLET CENTER DR STE 210, OXNARD, CA 930236 | (805) 983-0425 | (805) 200-4414 |

## NEUROSURGERY

**ALBERSTONE,CARY DAVID - 280196**

Group Affiliation:

Language(s):

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

**GOYAL,AMIT - 281235**

Group Affiliation: LINK NEUROSCIENCE INSTITUTE

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 1901 OUTLET CENTE DR STE 210, OXNARD, CA 93036 | (805) 983-0425 | (805) 200-4414 |

**ONI-ORISAN,AKINWUNMI ABIMBOLA - 281167**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 1901 OUTLET CENTER DR STE 210, OXNARD, CA 93036 | (805) 983-0425 | (805) 200-4414 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

## OBSTETRICS & GYNECOLOGY

**GHIAI-FATEMI,AFSHAN - 280951**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

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

**GOULD,LINDSAY L - 281304**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

|         | <b>Office #</b> | <b>Street:</b>   | <b>Phone:</b>  | <b>Fax:</b>    |
|---------|-----------------|--|----------------|----------------|
| SPANISH |                 |  |                |                |
|         | OFFICE 1        | 2901 N VENTURA RD STE 110, OXNARD, CA 93036-9705       | (805) 981-6163 | (805) 981-6189 |
|         | OFFICE 2        | 2486 N PONDEROSA DR STE D205, CAMARILLO, CA 93010-2471 | (805) 988-7196 | (805) 988-7197 |

**MARINE,MICHELLE A - 281249**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

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

**MIKHAIL,JENNIFER DANIELLE - 281281**

Group Affiliation: PACIFIC CENTRAL COAST HEALTH CENTERS

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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## OCCUPATIONAL THERAPY

### CALIFORNIA HAND & PHYSICAL THERAPY - 880951

 Group Affiliation:

Language(s):

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

### SECOND WAVE PHYSICAL THERAPY - 888920

Group Affiliation: SECOND WAVE PHYSICAL THERAPY INC

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 735 W CHANNEL ISLANDS BLVD, PORT HUENEME, CA 93041  | (805) 250-7505 | (805) 250-7171 |
| OFFICE 2 | 552 SESPE AVE, FILLMORE, CA 93015                   | (805) 250-7505 | (805) 250-7171 |
| OFFICE 3 | 801 S VICTORIA AVE, VENTURA, CA 93003               | (805) 250-7505 | (805) 250-7171 |
| OFFICE 4 | 2367 N OXNARD BLVD, OXNARD, CA 93033                | (805) 250-7505 | (805) 250-7171 |
| OFFICE 5 | 400 E SANTA BARBARA ST STE B, SANTA PAULA, CA 93033 | (805) 250-7505 | (805) 250-7171 |

### ST JOHN'S OUTPATIENT THERAPY CENTER - 888913

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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**TWO TREES PHYSICAL THERAPY & WELLNESS -  
880283**

Group Affiliation:

Language(s):

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

## OPHTHALMOLOGY

**BARIL, SAVANNAH EDEN GREYROSE - 281296**

Group Affiliation: MIRAMAR EYE SPECIALISTS MEDICAL GROUP, I

Language(s):

| Office # | Street:                                       | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010   | (805) 322-1510 | (805) 482-4615 |
| OFFICE 2 | 2230 LYNN RD STE 104, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |

# DHMNV - Specialty & Ancillary Provider Roster

## Provider Specialty / Provider Name

**BEKERMANN,VLADISLAV - 281191**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

RUSSIAN

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

**CORWIN,JOEL M - 280031**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

**DAVIDSON,JOHN L - 280032**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

SPANISH

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916       | (805) 648-3085 | (805) 648-7027 |
| OFFICE 2 | 751 E DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 3 | 1901 SOLAR DRIVE STE 155, OXNARD, CA 93036       | (805) 278-0057 | (805) 278-9925 |

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

|          |  |                |                |
|----------|--|----------------|----------------|
| OFFICE 4 | 2045 ROYAL AVE STE 234, SIMI VALLEY , CA 93065 | (805) 527-1417 | (805) 584-2477 |
| OFFICE 6 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360  | (805) 495-0458 | (805) 494-9630 |
| OFFICE 7 | 3003 LOMA VISTA RD STE A, VENTURA, CA 93003    | (805) 648-3085 | (805) 648-7027 |
| OFFICE 8 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010    | (805) 322-1510 | (805) 482-4615 |
| OFFICE 9 | 3003 LOMA VISTA RD STE E, VENTURA, CA 93003    | (805) 648-3085 | (805) 648-7027 |

**FANG,JOHN P - 280394**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

MANDARIN

CHINESE

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003-2916     | (805) 648-3085 | (805) 648-7027 |
| OFFICE 2 | 751 DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |
| OFFICE 3 | 1901 SOLAR DRIVE STE 155, OXNARD , CA 93036    | (805) 278-0057 | (805) 278-9925 |
| OFFICE 4 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360  | (805) 495-0458 | (805) 494-9630 |
| OFFICE 5 | 3003 LOMA VISTA RD STE A, VENTURA, CA 93003    | (805) 648-3085 | (805) 648-7027 |
| OFFICE 6 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010    | (805) 322-1510 | (805) 482-4615 |

**FANT,EMILY L - 281294**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 3085 LOMA VISTA RD, VENTURA, CA 93003          | (805) 648-3085 | (805) 648-7027 |
| OFFICE 2 | 957 FAULKNER RD STE 102, SANTA PAULA, CA 93060 | (805) 525-1737 | (805) 525-7676 |
| OFFICE 3 | 3003 LOMA VISTA RD STE A, VENTURA, CA 93003    | (805) 648-3085 | (805) 648-7027 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**HEDAYA, JOSHUA - 281274**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| SPANISH | Office # | Street:                                       | Phone:         | Fax:           |
|---------|----------|---|----------------|----------------|
|         | OFFICE 1 | 2230 LYNN RD STE 102, THOUSAND OAKS, CA 91360 | (805) 495-0458 | (805) 494-9630 |
|         | OFFICE 2 | 2045 ROYAL AVE STE 234, SIMI VALLEY, CA 93065 | (805) 527-1417 | (805) 584-2477 |
|         | OFFICE 3 | 751 E DAILY DR STE 110, CAMARILLO, CA 93010   | (805) 987-8705 | (805) 987-7765 |

**PANG, NOELENE K - 280393**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

**PARTAMIAN, LEON - 281245**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**
**ROIZENBLATT,ROBERTO - 281193**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

**TROTTER,WILLIAM L - 280039**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

**YEE,PHILINA - 281280**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

|  | Office # | Street:  | Phone:         | Fax:           |
|--|----------|--|----------------|----------------|
|  | OFFICE 1 | 751 E DAILY DR STE 110, CAMARILLO, CA 93010-6077 | (805) 987-8705 | (805) 987-7765 |
|  | OFFICE 2 | 1901 SOLAR DR, STE 155, OXNARD, CA 93030         | (805) 278-0057 | (805) 278-9925 |

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**


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|          |  |                |                |
|----------|--|----------------|----------------|
| OFFICE 3 | 957 FAULKNER RD STE 102, SANTA PAULA, CA 93060 | (805) 525-1737 | (805) 525-7676 |
| OFFICE 4 | 3003 LOMA VISTA RD, STE A, VENTURA, CA 93003   | (805) 648-3085 | (805) 648-7027 |
| OFFICE 5 | 3085 LOMA VISTA RD, VENTURA, CA 93003          | (805) 648-3085 | (805) 648-7027 |

## OPHTHALMOLOGY, RETINAL

**TEEL,KARYN ELIZABETH - 281253**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

## OPTOMETRY

**BOGGS,MICHAEL BENEDICT - 280029**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

SPANISH

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**BRUNETTE, MARK ALLEN - 280030**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

**CHIHA, YARA - 281273**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

**LANGSFORD, STEPHEN GREENE - 281155**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**NGUYEN,DOANH C - 280556**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

VIETNAMESE

SPANISH

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

**YU,TERRY - 280983**

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

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

**ORAL MAXILLOFACIAL SURGERY**
**SIAVASH,HESSAM S - 280468**

Group Affiliation:

Language(s):

FARSI

FRENCH

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

**ZARRINKELK,HOUMAN - 250165**

Group Affiliation:

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**


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Language(s):

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

## ORTHOPEDIC SURGERY

**BURGE,JOHN ROSS - 281136**

Group Affiliation: OCEAN ORTHOPEDIC MEDICAL GRP

Language(s):

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

**CALDERONE,ROCCO RICHARD - 280497**

Group Affiliation:

Language(s):

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

**DEITEL,KEVIN M - 281101**

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

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

**GHILARDUCCI,MARK JOHN - 281102**

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**


---

Language(s):

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

**GLUCK,JOSHUA SAUL - 281103**

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

SPANISH

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

**JEFFERS,ANDREW W - 280484**

Group Affiliation:

Language(s):

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

**MOTAMEDI,ALI R - 281105**

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

FARSI

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**QUINN,JOHN R - 281130**

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

| SPANISH | Office # | Street:   | Phone:         | Fax:           |
|---------|----------|---|----------------|----------------|
|         | OFFICE 1 | 2221 WANKEL WAY, OXNARD, CA 93030-0192                    | (805) 988-9366 | (805) 483-3747 |
|         | OFFICE 2 | 1145 LINDERO CANYON RD STE C1, WESTLAKE VILLAGE, CA 91362 | (818) 865-9800 | (818) 330-5332 |
|         | OFFICE 3 | 3901 LAS POSAS RD STE 4, CAMARILLO, CA 93010              | (805) 585-5166 | (805) 380-1177 |
|         | OFFICE 4 | 2525 ERRINGER RD, SIMI VALLEY, CA 93065                   | (805) 527-1404 | (805) 527-5246 |
|         | OFFICE 5 | 3525 LOMA VISTA RD STE A, VENTURA, CA 93003               | (805) 641-6415 | (805) 641-6424 |
|         | OFFICE 6 | 137 E THOUSAND OAKS BLVD, THOUSAND OAKS, CA 91360         | (805) 379-4574 | (805) 379-4324 |

**SHARAREH,BEHNAM - 281209**

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP

Language(s):

| FARSI | Office # | Street:   | Phone:         | Fax:           |
|-------|----------|---|----------------|----------------|
|       | OFFICE 1 | 2221 WANKEL WAY, OXNARD, CA 93030-0192                    | (805) 988-9366 | (805) 483-3747 |
|       | OFFICE 2 | 1145 LINDERO CANYON RD STE C1, WESTLAKE VILLAGE, CA 91362 | (818) 865-9800 | (818) 330-5332 |
|       | OFFICE 3 | 3901 LAS POSAS RD STE 4, CAMARILLO, CA 93010              | (805) 585-5166 | (805) 380-1177 |
|       | OFFICE 4 | 3525 LOMA VISTA RD STE A, VENTURA, CA 93003               | (805) 641-6415 | (805) 641-6424 |
|       | OFFICE 5 | 137 E THOUSAND OAKS BLVD, THOUSAND OAKS, CA 91360         | (805) 379-4574 | (805) 379-4324 |
|       | OFFICE 6 | 2525 ERRINGER RD, SIMI VALLEY, CA 93065                   | (805) 527-1404 | (805) 527-5246 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**SUZUKI,KENTARO PRESSLY - 281109**

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

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

**SWEET,STEPHAN J - 280490**

Group Affiliation: OCEAN ORTHOPEDIC MEDICAL GRP

Language(s):

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

**ZEMAN,CRAIG ALAN - 281110**

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

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

**ORTHOPEDIC SURGERY, HAND**
**GLUCK,JOSHUA SAUL - 281103**

Group Affiliation: VENTURA ORTHOPEDICS MEDICAL GROUP INC

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**VOHRA,SAHIL - 281206**

Group Affiliation:

Language(s):

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

**ORTHOPEDIC SURGERY, SPINE**
**AZIZ,HOSSEIN M - 281302**

Group Affiliation:

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 3525 LOMA VISTA RD STE A, VENTURA, CA 93003       | (805) 641-6415 | (805) 641-6424 |
| OFFICE 2 | 137 E THOUSAND OAKS BLVD, THOUSAND OAKS, CA 91360 | (805) 379-4574 | (805) 379-4324 |
| OFFICE 3 | 2221 WANKEL WAY, OXNARD, CA 93030-0192            | (805) 988-9366 | (805) 483-3747 |
| OFFICE 4 | 2525 ERRINGER RD, SIMI VALLEY, CA 93065           | (805) 527-1404 | (805) 527-5246 |
| OFFICE 5 | 3901 LAS POSAS RD STE 4, CAMARILLO, CA 93010      | (805) 585-5166 | (805) 380-1177 |

**OTOLARYNGOLOGY**
**CHAN,STEPHEN ALEXANDER - 281205**

Group Affiliation: BASS MEDICAL GROUP

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 460, OXNARD, CA 93030         | (805) 983-0395 | (805) 983-0463 |
| OFFICE 2 | 2876 N SYCAMORE DR STE 303, SIMI VALLEY, CA 93065 | (805) 527-7320 | (805) 545-7123 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**GEFFEN,BRENT J - 281239**

Group Affiliation: BASS MEDICAL GROUP

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 2438 PONDEROSA DR UNIT C110, CAMARILLO, CA 93010    | (805) 484-5929 | (805) 484-9044 |
| OFFICE 2 | 299 W HILLCREST DR STE 100, THOUSAND OAKS, CA 91360 | (805) 379-9646 |                |
| OFFICE 3 | 2876 N SYCAMORE DR STE 303, SIMI VALLEY, CA 93065   | (805) 527-7320 | (805) 545-7123 |

**KHO,TRICIA TRICIA - 280471**

Group Affiliation: BASS MEDICAL GROUP

Language(s):

SPANISH

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

**LEE,JAESUNG - 280472**

Group Affiliation: BASS MEDICAL GROUP

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 2438 PONDEROSA DR N STE C110, CAMARILLO, CA 93010-2466 | (805) 484-5929 | (805) 484-9044 |
| OFFICE 2 | 301 S MOORPARK RD, THOUSAND OAKS, CA 91361-1008        | (805) 379-9646 | (805) 379-0611 |
| OFFICE 3 | 299 W HILLCREST DR STE 100, THOUSAND OAKS, CA 91360    | (805) 379-9646 |                |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**LEE,JOSEPH PAUL - 280984**

Group Affiliation: BASS MEDICAL GROUP

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 1700 N ROSE AVE STE 460, OXNARD, CA 93030-7629      | (805) 983-0395 | (805) 983-0463 |
| OFFICE 2 | 299 W HILLCREST DR STE 100, THOUSAND OAKS, CA 91360 | (805) 379-9646 |                |

**REGHUNATHAN,SARANYA - 281303**

Group Affiliation: ENT SPECIALISTS &amp; SURGEONS OF

Language(s):

SPANISH

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 3687 LAS POSAS RD BLDG H STE 187, CAMARILLO, CA 93010 | (805) 309-0818 | (805) 303-3915 |

**VAIDYA,ABHAY M - 280473**

Group Affiliation: BASS MEDICAL GROUP

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 2438 PONDEROSA DR N STE C110, CAMARILLO, CA 93010-2466 | (805) 484-5929 | (805) 484-9044 |
| OFFICE 2 | 301 S MOORPARK RD, THOUSAND OAKS, CA 91361-1008        | (805) 379-9646 | (805) 379-0611 |
| OFFICE 3 | 299 W HILLCREST DR STE 100, THOUSAND OAKS, CA 91360    | (805) 379-9646 |                |

**VOORMAN,GARY S - 280474**

Group Affiliation: BASS MEDICAL GROUP

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 3 299 W HILLCREST DR STE 100, THOUSAND OAKS, CA 91360 (805) 379-9646

**WAREHAM,MARTIN E - 280476**

Group Affiliation: BASS MEDICAL GROUP

Language(s):

GERMAN

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 2876 N SYCAMORE DR STE 303, SIMI VALLEY, CA 93065-1550 | (805) 527-7320 | (805) 527-2426 |
| OFFICE 2 | 299 W HILLCREST DR STE 100, THOUSAND OAKS, CA 91360    | (805) 379-9646 |                |

**PAIN MANAGEMENT**
**BUCHANAN,PATRICK D - 280566**

Group Affiliation: SPANISH HILLS PAIN SPECIALISTS

Language(s):

SPANISH

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

**FREY,ROBERT D - 280572**

Group Affiliation: PACIFIC PAIN MANAGEMENT

Language(s):

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

**KATOUZIAN,ALIREZA - 281215**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**KIKER,DALE GREGORY - 280428**

Group Affiliation: SPANISH HILLS PAIN SPECIALISTS

Language(s):

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

**NGUYEN,PHILLIP THAI-HOA - 281178**

Group Affiliation:

Language(s):

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

**TOURJE,CAITLIN DIANE - 281213**

Group Affiliation: SPANISH HILLS PAIN SPECIALISTS

Language(s):

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

**PEDIATRIC CARDIOLOGY**
**HARAKE,BILAL - 280214**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

## PEDIATRIC CARDIOLOGY MED ASSOC SO CA - 281308

Group Affiliation:

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 555 MARIN ST STE 220, THOUSAND OAKS, CA 91360-4230 | (805) 497-7214 | (805) 497-0864 |

## PEDIATRIC OPHTHALMOLOGY

### DE CASTRO-ABEGER,ALEXANDER HUGO - 281244

Group Affiliation: MIRAMAR EYE SPECIALISTS

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 2230 LYNN RD STE 104, THOUSAND OAKS, CA 91360-1959 | (805) 495-0458 | (805) 494-9630 |
| OFFICE 2 | 751 DAILY DR STE 110, CAMARILLO, CA 93010          | (805) 987-8705 | (805) 987-7765 |
| OFFICE 3 | 771 E DAILY DR STE 245, CAMARILLO, CA 93010        | (805) 332-1510 | (805) 482-4615 |
| OFFICE 4 | 3003 LOMA VISTA RD STE E, VENTURA, CA 93003        | (805) 648-3085 | (805) 648-7027 |

## PELVIC FLOOR THERAPY

### CALIFORNIA HAND & PHYSICAL THERAPY - 880951

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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## PHYSICAL MEDICINE & REHAB

**BLOOM, MATTHEW LEE - 280992**

Group Affiliation:

Language(s):

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

**KIA, FARID - 280986**

Group Affiliation: SPANISH HILLS PAIN SPECIALISTS

Language(s):

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

**NGUYEN, PHILLIP THAI-HOA - 281178**

Group Affiliation:

Language(s):

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

**PIERSON, RAYMOND SOARES - 280321**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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**WEST,JESSICA E - 281315**

Group Affiliation: MATTHEW L BLOOM DO

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 1280 S VICTORIA AVE STE 250, VENTURA, CA 93003 | (805) 351-0745 | (805) 288-1454 |
| OFFICE 2 | 625 N A ST STE 300, OXNARD, CA 93030-4907      | (805) 351-0745 | (805) 288-6744 |

## PHYSICAL THERAPY

**CALIFORNIA HAND & PHYSICAL THERAPY - 880951** Group Affiliation:

Language(s):

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

**MDRS SPINE & SPORT - 880281**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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**SECOND WAVE PHYSICAL THERAPY - 888920**

Group Affiliation: SECOND WAVE PHYSICAL THERAPY INC

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 735 W CHANNEL ISLANDS BLVD, PORT HUENEME, CA 93041  | (805) 250-7505 | (805) 250-7171 |
| OFFICE 2 | 552 SESPE AVE, FILLMORE, CA 93015                   | (805) 250-7505 | (805) 250-7171 |
| OFFICE 3 | 801 S VICTORIA AVE, VENTURA, CA 93003               | (805) 250-7505 | (805) 250-7171 |
| OFFICE 4 | 2367 N OXNARD BLVD, OXNARD, CA 93033                | (805) 250-7505 | (805) 250-7171 |
| OFFICE 5 | 400 E SANTA BARBARA ST STE B, SANTA PAULA, CA 93033 | (805) 250-7505 | (805) 250-7171 |

**ST JOHN'S OUTPATIENT THERAPY CENTER -  
888913**

Group Affiliation:

Language(s):

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

**SUNRISE PHYSICAL THERAPY SERVICES - 880282**

Group Affiliation: SUNRISE PHYSICAL THERAPY SERVICES

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 705 N OXNARD BLVD STE 107, OXNARD, CA 93030-4314 | (805) 983-0811 | (805) 983-1481 |

**TWO TREES PHYSICAL THERAPY & WELLNESS -  
880283**

Group Affiliation:

Language(s):

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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

## PLASTIC AND RECONST SUR

**GORODISKY,YULY - 281234**

Group Affiliation: WEST COAST PLASTIC SURGERY CTR

Language(s):

RUSSIAN

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

**KOLDER,DANIEL GENE - 281233**

Group Affiliation:

Language(s):

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

## PODIATRY

# DHMNV - Specialty & Ancillary Provider Roster

## Provider Specialty / Provider Name

**EMIRZIAN,ANA ANAHIT - 281268**

Group Affiliation: COASTAL FOOT AND ANKLE

Language(s):

| Office # | Street:                                     | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036 | (805) 983-0222 | (805) 604-9872 |

**LANGROUDI,ANDREW REZA - 281288**

Group Affiliation:

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 2100 SOLAR DR STE 102, OXNARD, CA 93036         | (805) 988-3338 | (805) 830-1537 |
| OFFICE 2 | 250 MILLS RD STE 101, VENTURA, CA 93003-3453    | (805) 702-7028 | (805) 830-1537 |
| OFFICE 3 | 3180 WILLOW LN STE 108, THOUSAND OAKS, CA 91361 | (805) 864-5260 | (805) 830-1537 |
| OFFICE 4 | 3901 LOS POSAS RD STE 204, CAMARILLO, CA 93010  | (805) 988-3338 | (805) 830-1537 |

**NGUYEN,ANH MY - 281138**

Group Affiliation: COASTAL FOOT AND ANKLE

Language(s):

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

**PEARSON,SEAN M - 281231**

Group Affiliation: COASTAL FOOT AND ANKLE GROUP

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036-0729 | (805) 983-0222 | (805) 604-9872 |

# DHMNV - Specialty & Ancillary Provider Roster

## Provider Specialty / Provider Name

**ROBERG,DYLAN MAYTUM - 281163**

Group Affiliation: COASTAL FOOT AND ANKLE GROUP

Language(s):

| SPANISH | Office # | Street:                                      | Phone:         | Fax:           |
|---------|----------|--|----------------|----------------|
|         | OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036  | (805) 983-0222 | (805) 604-9872 |
|         | OFFICE 2 | 3160 TELEGRAPH RD STE 207, VENTURA, CA 93003 | (805) 485-6708 | (805) 278-2299 |

**ROBERG,SCOT LINDSEY - 280955**

Group Affiliation: COASTAL FOOT AND ANKLE GROUP

Language(s):

|  | Office # | Street:   | Phone:         | Fax:           |
|--|----------|---|----------------|----------------|
|  | OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036-9004  | (805) 983-0222 | (805) 604-9872 |
|  | OFFICE 2 | 3160 TELEGRAPH RD STE 207, VENTURA, CA 93003-3256 | (805) 485-6708 | (805) 278-2299 |

**STUHR,FRANK - 280435**

Group Affiliation: FRANK STUHR DPM

Language(s):

|  | Office # | Street:                               | Phone:         | Fax:           |
|--|----------|---------------------------------------|----------------|----------------|
|  | OFFICE 1 | 2629 LOMA VISTA RD, VENTURA, CA 93003 | (805) 643-8572 | (805) 643-8667 |

**TAKEYAMA,TREVOR KYLE - 281317**

Group Affiliation: FOOT AND ANKLE CONCEPTS INC

Language(s):

|  | Office # | Street:   | Phone:         | Fax:           |
|--|----------|---|----------------|----------------|
|  | OFFICE 1 | 2100 SOLAR DR STE 102, OXNARD, CA 93036         | (805) 988-3338 | (805) 830-1537 |
|  | OFFICE 2 | 250 MILLS RD STE 101, VENTURA, CA 93003-3453    | (805) 702-7028 | (805) 830-1537 |
|  | OFFICE 3 | 3180 WILLOW LN STE 108, THOUSAND OAKS, CA 91361 | (805) 864-5260 | (805) 830-1537 |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 4 3901 LOS POSAS RD STE 204, CAMARILLO, CA 93010 (805) 988-3338 (805) 830-1537

**VINES,STEVEN M - 280564**

Group Affiliation: COASTAL FOOT AND ANKLE GROUP

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 451 W GONZALES RD STE 260, OXNARD, CA 93036-0729 | (805) 983-0222 | (805) 604-9872 |

**WANG,OLIVER T - 281243**

Group Affiliation:

Language(s):

MANDARIN

| Office # | Street:                                 | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 250 MILLS RD STE 101, VENTURA, CA 93003 | (805) 702-7028 | (805) 830-1537 |

SPANISH

## PSYCHIATRY

**PARK,TIMOTHY DANIEL - 281179**

Group Affiliation:

Language(s):

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

**THURSTON,RONALD - 280226**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

## PULMONARY DISEASES

**ARFAEI,AMIR - 280325**

Group Affiliation: VENTURA PULMONARY &amp; CRITICAL CARE MED GR

Language(s):

FARSI

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

**BERNSTEIN,ROBERT J - 280256**

Group Affiliation: VENTURA PULMONARY &amp; CRITICAL CARE MED GR

Language(s):

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

**BHATIA,RAJAN - 280448**

Group Affiliation: WEST COAST CRITICAL CARE PHYSICIANS

Language(s):

HINDI

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

**DE VERA,JEROME - 281278**

Group Affiliation: VENTURA PULMONARY &amp; CRITICAL CARE MED GR

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

## Provider Specialty / Provider Name

| Provider Name  | Office #  | Street  | Phone          | Fax            |
|--|---|---|----------------|----------------|
| <b>GIL,RYAN MATTHEW - 281266</b><br>Language(s):                     | OFFICE 1  | 168 N BRENT ST STE 406, VENTURA, CA 93003-2824      | (805) 653-6371 | (805) 653-7242 |
|  | Group Affiliation: WEST COAST CRITICAL CARE PHYSICIANS      |   |                |                |
| <b>LAMEE,JONATHAN SCOTT - 281158</b><br>Language(s):                 | OFFICE 1  | 1910 OUTLET CENTER DR, OXNARD, CA 93036             | (805) 485-2400 | (805) 485-3025 |
|  | Group Affiliation: VENTURA PULMONARY & CRITICAL CARE MED GR |   |                |                |
| <b>MAEHARA,DARREN RIKITARO - 280987</b><br>Language(s):<br>SPANISH   | OFFICE 1  | 1910 OUTLET CENTER DR, OXNARD, CA 93036-0677        | (805) 485-2400 | (805) 485-3025 |
|  | OFFICE 2  | 4000 CALLE TECATE STE 105, CAMARILLO, CA 93012-5283 | (805) 485-2400 | (805) 485-3025 |
| <b>NELSON,GERGANA TODOROVA - 280988</b><br>Language(s):<br>BULGARIAN | OFFICE 1  | 1910 OUTLET CENTER DR, OXNARD, CA 93036-0677        | (805) 485-2400 | (805) 485-3025 |
|  | OFFICE 2  | 4000 CALLE TECATE STE 105, CAMARILLO, CA 93012-5283 | (805) 485-2400 | (805) 485-3025 |

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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**PELEGRIN,GORDON P - 281203**

Group Affiliation: VENTURA PULMONARY &amp; CRITICAL CARE MED GR

Language(s):

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

**SWEET,MADISON - 281277**

Group Affiliation: VENTURA PULMONARY &amp; CRITICAL CARE MED GR

Language(s):

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

**TAICH,ZACHARY JULIAN - 281242**

Group Affiliation: WEST COAST PULMONARY PHYSICIANS

Language(s):

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

**WEYMER,ANDREW R - 250917**

Group Affiliation: WEST COAST CRITICAL CARE PHYSICIANS

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**


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**YU,GEORGE CHI-SING - 280231**

Group Affiliation:

Language(s):

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

**RADIATION ONCOLOGY**
**MONTES,HENRY Z - 280289**

Group Affiliation: VENTURA COUNTY RADIATION ONCOLOGY MED GR

Language(s):

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

**O'CONNOR,TIMOTHY A - 280288**

Group Affiliation: VENTURA COUNTY RADIATION ONCOLOGY MED GR

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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**SINGH, CHARU - 281316**

Group Affiliation: COASTAL RADIATION ONCOLOGY

Language(s):

HINDI

| Office # | Street:                                       | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 2900 LOMA VISTA RD STE 100, VENTURA, CA 93003 | (805) 648-5191 | (805) 648-3458 |
| OFFICE 2 | 2230 LYNN RD STE 103, THOUSAND OAKS, CA 91360 | (805) 496-4111 | (805) 496-2861 |

## RADIOLOGY

**ROLLING OAKS IMAGING CENTER - 880253**

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

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

**ROLLING OAKS RADIOLOGY - ST. JOHN'S - 888814**

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

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

**ROLLING OAKS RADIOLOGY CAMARILLO - 880016**

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**ROLLING OAKS RADIOLOGY OXNARD - 880015**

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

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

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

Group Affiliation: ROLLING OAKS RADIOLOGY-OXNARD (GONZALES)

Language(s):

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

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

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

Language(s):

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

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

Group Affiliation: ROLLING OAKS RADIOLOGY OXNARD (SOLAR)

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**ROLLING OAKS RADIOLOGY SIMI VALLEY - 888918**

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

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

**ROLLING OAKS RADIOLOGY VENTURA - 880014**

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

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

**ROLLING OAKS RADIOLOGY VENTURA (LOMA VIS - 888927**

Group Affiliation: ROLLING OAKS RADIOLOGY VENTURA

Language(s):

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

**ROLLING OAKS RADIOLOGY VENTURA CANCER CE - 888929**

Group Affiliation: ROLLING OAKS RADIOLOGY VENTURA CANCER CE

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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**THOUSAND OAKS MDI - 880017**

Group Affiliation: BEVERLY RADIOLOGY MEDICAL GRP / RADNET

Language(s):

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

**REGISTERED DIETICIAN**
**BENSON,JENNIFER - 880908**

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

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

**BICKFORD,JESSICA SPRINKLE - 880973**

Group Affiliation:

Language(s):

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

**CARDENAS,ERIKA - 888936**

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

SPANISH

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**CREGUT, KELSEA JOHANNA - 880972**

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

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

**FOWLER, BRITTANY - 880907**

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

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

**HOFFMAN, ELIZABETH - 888931**

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

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

**NAZZARO, ALEXIS - 888917**

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

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

**RIETKERK, LINNEA - 888923**

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

|          |  |                |                |
|----------|--|----------------|----------------|
| OFFICE 1 | 400 MOBIL AVE STE D9, CAMARILLO, CA 93010-6376 | (805) 738-5700 | (805) 738-5701 |
|----------|--|----------------|----------------|

**SAROKA,HANNAH - 888926**

Group Affiliation: 360 NUTRITION CONSULTING

Language(s):

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

**REPRODUCTIVE ENDO/INFERTILITY**
**BUYALOS,RICHARD P - 280233**

Group Affiliation: FERTILITY &amp; SURGICAL ASSOCIATES OF SO CA

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 225 W HILLCREST DR STE 201, THOUSAND OAKS, CA 91360    | (805) 778-1122 | (805) 778-1199 |
| OFFICE 2 | 2428 SANTA MONICA BLVD STE 301, SANTA MONICA, CA 90404 | (310) 453-8500 | (310) 453-8559 |
| OFFICE 3 | 5400 BALBOA BLVD STE 312, ENCINO, CA 91316             | (818) 461-1610 | (818) 461-1917 |

**SHAMONKI,MOUSA - 281006**

Group Affiliation: FERTILITY &amp; SURGICAL ASSOCIATES OF SO CA

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 5400 BALBOA BLVD STE 312, ENCINO, CA 91316             | (818) 461-1610 | (818) 461-1917 |
| OFFICE 2 | 225 W HILLCREST DR STE 201, THOUSAND OAKS, CA 91360    | (805) 778-1122 | (805) 778-1199 |
| OFFICE 3 | 2428 SANTA MONICA BLVD STE 301, SANTA MONICA, CA 90404 | (310) 453-8500 | (310) 453-8559 |

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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## RHEUMATOLOGY

**ROMANO, THOMAS J - 281307**

Group Affiliation: CALIFORNIA RHEUMATOLOGY INSTITUTE

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 1500 PALMA DR STE 187, VENTURA, CA 93003           | (888) 367-1850 | (805) 222-0323 |
| OFFICE 2 | 1300 N VENTURA RD STE 2, OXNARD, CA 93030          | (888) 367-1850 | (805) 222-0323 |
| OFFICE 3 | 145 PARK LN STE 200, MOORPARK, CA 93021            | (888) 367-1850 | (805) 222-0323 |
| OFFICE 4 | 3095 OLD CONEJO RD STE 200, NEWBURY PARK, CA 91320 | (888) 367-1850 | (805) 222-0323 |

**SHEPARD, ANGELICA N - 281297**

Group Affiliation:

Language(s):

| Office # | Street:   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 5800 SANTA ROSA RD STE 149, CAMARILLO, CA 93012 | (805) 465-8900 | (805) 465-8920 |
| OFFICE 2 | 2361 E VINEYARD AVE, OXNARD, CA 93036           | (805) 981-3770 | (805) 981-9674 |

**SIEVERS, TAMMY P - 281298**

Group Affiliation:

Language(s):

| Office # | Street:                                   | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 120 N ASHWOOD AVE, VENTURA, CA 93003      | (805) 658-5800 | (805) 948-1928 |
| OFFICE 2 | 422 ARNEILL RD STE B, CAMARILLO, CA 93010 | (805) 482-1282 | (805) 383-4511 |

# DHMNV - Specialty & Ancillary Provider Roster

 Provider Specialty / Provider Name
 

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**SPIEGEL,TIMOTHY M - 280236**

Group Affiliation:

Language(s):

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

## SLEEP STUDIES

**PREMIER DIAGNOSTICS - 880084**

Group Affiliation:

Language(s):

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

**SUNSET SLEEP DISORDER CENTER OF OXNARD - 880278**

Group Affiliation:

Language(s):

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

## SPEECH THERAPY

**SECOND WAVE PHYSICAL THERAPY - 888920**

Group Affiliation: SECOND WAVE PHYSICAL THERAPY INC

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**


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|          |   |                |                |
|----------|---|----------------|----------------|
| OFFICE 2 | 552 SESPE AVE, FILLMORE, CA 93015                   | (805) 250-7505 | (805) 250-7171 |
| OFFICE 3 | 801 S VICTORIA AVE, VENTURA, CA 93003               | (805) 250-7505 | (805) 250-7171 |
| OFFICE 4 | 2367 N OXNARD BLVD, OXNARD, CA 93033                | (805) 250-7505 | (805) 250-7171 |
| OFFICE 5 | 400 E SANTA BARBARA ST STE B, SANTA PAULA, CA 93033 | (805) 250-7505 | (805) 250-7171 |

**ST JOHN'S OUTPATIENT THERAPY CENTER -  
888913**

Group Affiliation:

Language(s):

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

**TWO TREES PHYSICAL THERAPY & WELLNESS -  
880283**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

## SURGICAL ONCOLOGY

**STEEN,SHAWN T - 280569**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

SPANISH

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

## THORACIC SURGERY

**ATIYA,AZMI WASEF - 281262**

Group Affiliation: SOLTERO &amp; YASUDA ASSOCIATES

Language(s):

ARABIC

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

**BUSHNELL,LAMAR J - 281148**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

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

**BUSHNELL,LAMAR J - 250120**

Group Affiliation: CALIF CARDIOVASCULAR &amp; THORACIC SURGEONS

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**HARO,GREG J - 281263**

Group Affiliation: SOLTERO &amp; YASUDA ASSOCIATES

Language(s):

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

**KOTOYAN,RAFFI A - 281261**

Group Affiliation: SOLTERO &amp; YASUDA ASSOCIATES

Language(s):

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

**SOLTERO,MICHAEL J - 281260**

Group Affiliation: SOLTERO &amp; YASUDA ASSOCIATES

Language(s):

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

**VELA,RYAN J - 281314**

Group Affiliation: CALIFORNIA CARDIOVASCULAR AND THORACIC

Language(s):

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

**WAN,JENNIFER J - 281147**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

OFFICE 1 300 HILLMONT AVE BLDG 340 STE 401, VENTURA, CA 93003-1651 (805) 652-6201 (805) 641-4416

**WAN,JENNIFER J - 281083**

Group Affiliation: CALIF CARDIOVASCULAR & THORACIC SURGEONS

Language(s):

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

**YASUDA,RODERICK K - 281259**

Group Affiliation: SOLTERO & YASUDA ASSOCIATES

Language(s):

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

## TRAUMATIC SURGERY

**VAN SANT,LAUREN - 281264**

Group Affiliation: VENTURA COUNTY SURGICAL ASSOCIATES

Language(s):

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

## URGENT CARE

**CFH SANTA PAULA URGENT CARE - 880006**

Group Affiliation: CMH CENTERS FOR FAMILY HEALTH

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

**Provider Specialty / Provider Name**

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

**SOLAR URGENT CARE - 888911**

Group Affiliation:

Language(s):

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

**VENTURA URGENT CARE CENTER - 888912**

Group Affiliation:

Language(s):

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

## UROLOGY

**ABOSEIF,SHERIF RAOUF GUIND - 280496**

Group Affiliation:

Language(s):

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

**BEAGHLER (CMH),MARC A - 250907**

Group Affiliation: SAN BUENAVENTURA UROLOGY CENTER

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**KHODDAMI (CMH),SEYED M - 280399**

Group Affiliation: SAN BUENAVENTURA UROLOGY CENTER

Language(s):

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

**LEE,KEVIN K - 281175**

Group Affiliation:

Language(s):

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

**POON,MICHAEL W - 281139**

Group Affiliation: SAN BUENAVENTURA UROLOGY CENTER

Language(s):

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

**WONG,KELVIN S - 280505**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**YANG,PATRICK WUSOK - 281318**

Group Affiliation: COMMUNITY MEMORIAL HEALTH SYSTEM

Language(s):

| Office # | Street:                                       | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 2705 LOMA VISTA RD STE 206, VENTURA, CA 93003 | (805) 643-4067 | (805) 948-6841 |

**VASCULAR SURGERY**
**ALBAUGH,GREGORY KEITH - 280971**

Group Affiliation: COASTAL VASCULAR CENTER

Language(s):

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

**BABER JR,JOHN TYLER - 281113**

Group Affiliation: COASTAL VASCULAR CENTER

Language(s):

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

**BLITZER,DAVID NATHANIEL - 281247**

Group Affiliation: PACIFIC CARDIOVASCULAR &amp; VEIN INSTITUTE

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**GUO, SYDNEY SHUO-YI - 281187**

Group Affiliation:

Language(s):

MANDARIN

| Office # | Street:                                 | Phone:         | Fax:           |
|----------|---|----------------|----------------|
| OFFICE 1 | 2051 SOLAR DR STE 150, OXNARD, CA 93035 | (805) 456-8890 | (805) 456-8894 |
| OFFICE 2 | 2605 LOMA VISTA RD, VENTURA, CA 93003   | (805) 456-8890 | (805) 456-8894 |

**KONG, LI SHENG - 280314**

Group Affiliation: PACIFIC CARDIOVASCULAR &amp; VEIN INSTITUTE

Language(s):

MANDARIN

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

**MATHENY, HEATHER ELIZABETH - 281311**

Group Affiliation: COASTAL VASCULAR CENTER PC

Language(s):

| Office # | Street:  | Phone:         | Fax:           |
|----------|--|----------------|----------------|
| OFFICE 1 | 2841 N VENTURA RD STE 200, OXNARD, CA 93036              | (805) 983-6233 | (805) 983-2459 |
| OFFICE 2 | 1189 SWALLOW LANE STE 201, SIMI VALLEY, CA 93065         | (805) 416-8585 | (805) 484-7788 |
| OFFICE 3 | 3901 LAS POSAS RD, CAMARILLO, CA 93010                   | (805) 484-6900 | (805) 484-7788 |
| OFFICE 4 | 77 ROLLING OAKS DR STE 202, THOUSAND OAKS, CA 91361-1018 |                |                |

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

**QUIRK,KAREN KIM - 280483**

Group Affiliation: COASTAL VASCULAR CENTER

Language(s):

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

**SKILLERN,C SHAWN - 281196**

Group Affiliation: PACIFIC CARDIOVASCULAR &amp; VEIN INSTITUTE

Language(s):

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

**VELA,RYAN J - 281314**

Group Affiliation: CALIFORNIA CARDIOVASCULAR AND THORACIC

Language(s):

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

## WOUND CARE

**BRAND,LISA ELAINE - 280562**

Group Affiliation:

Language(s):

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

# DHMNV - Specialty & Ancillary Provider Roster

Provider Specialty / Provider Name

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**EL FATMI,MOUNIR - 281250**

Group Affiliation:

Language(s):

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