

LEE PHYSICIAN HOSPITAL ORGANIZATION
PHYSICIAN DIRECTORY UPDATE
1/1/2012 Through 1/31/2012

NOTIFICATION OF NEW PROVIDERS

GRANADOS, DESIREE, M.D.

GYNECOLOGY

Last Name: GRANADOS First Name: DESIREE Middle: Title: M.D.
Effective date with Multiplan (If applicable): 4/1/2012
Effective date with Beech Street, Accountable/IHG and Wellcare (if applicable): 3/1/2012
Effective date with Avmed (if applicable): Pending Credentialing By Plan
Effective date with all other Lee PHO managed care plans (if applicable): 2/1/2012
AGES TAKEN: 18 YRS & UP
PRACTICE NAME: INTERNAL MEDICINE ASSOCIATES OF LEE CTY.
ADDRESS LOCATION(S): **AREA** **PHONE** **FAX**
13813 METRO PARKWAY, FORT MYERS, FL 33912 (239) 936-1343 936-8507
1528 DEL PRADO BLVD., S., CAPE CORAL, FL 33990 (239) 458-3338 458-0666

HASSAN, HESHAM, M.D.

INTERNAL MEDICINE

Last Name: HASSAN First Name: HESHAM Middle: Title: M.D.
Effective date with Multiplan (If applicable): 4/1/2012
Effective date with Beech Street, Accountable/IHG and Wellcare (if applicable): 3/1/2012
Effective date with Avmed (if applicable): Pending Credentialing By Plan
Effective date with all other Lee PHO managed care plans (if applicable): 2/1/2012
AGES TAKEN: 18-99
PRACTICE NAME: SUNSHINE PHYSICIAN ASSOCIATES, L.L.C.
ADDRESS LOCATION(S): **AREA** **PHONE** **FAX**
4755 SUMMERLIN RD. #8, FORT MYERS, FL 33919 (239) 275-5339 275-5592

KATZ, SHEBA P., Ph.D.

PSYCHOLOGY

Last Name: KATZ First Name: SHEBA Middle: P. Title: Ph.D.
Effective date with Multiplan (If applicable): 4/1/2012
Effective date with Beech Street, Accountable/IHG and Wellcare (if applicable): 3/1/2012
Effective date with Avmed (if applicable): Pending Credentialing By Plan
Effective date with all other Lee PHO managed care plans (if applicable): 2/1/2012
AGES TAKEN: 1-80
PRACTICE NAME: KATZ COUNSELING AND EDUCATIONAL PSYCHOLOGY
ADDRESS LOCATION(S): **AREA** **PHONE** **FAX**
3949 EVANS AVENUE SUITE 105, FORT MYERS, FL 33901 (239) 247-1756 277-5690

KHAN, RABIA H., D.O.

INTERNAL MEDICINE

Last Name: KHAN First Name: RABIA Middle: H. Title: D.O.
Effective date with Multiplan (If applicable): 4/1/2012
Effective date with Beech Street, Accountable/IHG and Wellcare (if applicable): 3/1/2012
Effective date with Avmed (if applicable): Pending Credentialing By Plan
Effective date with all other Lee PHO managed care plans (if applicable): 2/1/2012
PRACTICE NAME: LEE MEMORIAL HEALTH SYSTEM HOUSE CALLS
ADDRESS LOCATION(S): **AREA** **PHONE** **FAX**
16271 BASS ROAD, FORT MYERS, FL 33908 (239) 418-2918 343-7198

MAGEE, TIFFANI D., M.D.

FAMILY MEDICINE

Last Name: MAGEE First Name: TIFFANI Middle: D. Title: M.D.
Effective date with Multiplan (If applicable): 4/1/2012
Effective date with Beech Street, Accountable/IHG and Wellcare (if applicable): 3/1/2012
Effective date with Avmed (if applicable): Pending Credentialing By Plan
Effective date with all other Lee PHO managed care plans (if applicable): 2/1/2012
AGES TAKEN: ALL
PRACTICE NAME: LEE PHYSICIAN GROUP AT COLLEGE POINTE
ADDRESS LOCATION(S): **AREA** **PHONE** **FAX**
9131 COLLEGE POINTE COURT, FORT MYERS, FL 33919 (239) 343-9100 343-9108

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1/1/2012 Through 1/31/2012

MARASIGAN, FRANCISCO S., M.D.

INTERNAL MEDICINE

Last Name: MARASIGAN First Name: FRANCISCO Middle: S. Title: M.D.
Effective date with Multiplan (If applicable): 4/1/2012
Effective date with Beech Street, Accountable/IHG and Wellcare (if applicable): 3/1/2012
Effective date with Avmed (if applicable): Pending Credentialing By Plan
Effective date with all other Lee PHO managed care plans (if applicable): 2/1/2012
AGES TAKEN: 18 YRS & UP
PRACTICE NAME: LPG PRIMARY CARE @ PINE ISLAND
ADDRESS LOCATION(S): AREA PHONE FAX
1682 NE PINE ISLAND ROAD, CAPE CORAL, FL 33909 (239) 424-1600 424-1640

SAHNI, ASHWINI, M.D.

CARDIOLOGY

Last Name: SAHNI First Name: ASHWINI Middle: Title: M.D.
Effective date with Multiplan (If applicable): 4/1/2012
Effective date with Beech Street, Accountable/IHG and Wellcare (if applicable): 3/1/2012
Effective date with Avmed (if applicable): Pending Credentialing By Plan
Effective date with all other Lee PHO managed care plans (if applicable): 2/1/2012
AGES TAKEN: 18-100
PRACTICE NAME: ASSOCIATES IN CARDIAC CARE
ADDRESS LOCATION(S): AREA PHONE FAX
1682 NE PINE ISLAND ROAD, CAPE CORAL, FL 33909 (239) 424-1660 424-0304

THAKUR, ANAYET U., M.D.

HOSPITALIST

Last Name: THAKUR First Name: ANAYET Middle: U. Title: M.D.
Effective date with Multiplan (If applicable): 4/1/2012
Effective date with Beech Street, Accountable/IHG and Wellcare (if applicable): 3/1/2012
Effective date with Avmed (if applicable): Pending Credentialing By Plan
Effective date with all other Lee PHO managed care plans (if applicable): 2/1/2012
AGES TAKEN: 16 YRS & UP
PRACTICE NAME: COGENT HEALTHCARE OF FORT MYERS, LLC
ADDRESS LOCATION(S): AREA PHONE FAX
LEE MEMORIAL HOSP. 2776 CLEVELAND AVE, #8228, FORT MYERS, FL 33901 (239) 343-2837 343-3164
HEALTHPARK MEDICAL CTR. 9981 S. HEALTHPARK DR, FORT MYERS, FL 33908 (239) 343-2837 343-3164

REINSTATEMENT

LIU, RICHARD M., M.D.

OTOLARYNGOLOGY (ENT)

Effective 1/4/2012, this physician has been reinstated to the Lee PHO. Please note that Dr. Liu resigned in 2009 and has recently returned to the same practice he was with before.

PRACTICE INFORMATION

Practice Name: EAR, NOSE & THROAT ASSOCIATES
Primary Address: 14171 METROPOLIS AVE. #101, FORT MYERS, FL 33912
Phone: (239) 939-2621 Fax: 939-3875

DELETION

DANSBY, HORACE P., M.D.

CARDIOLOGY

Termination Date: 1/28/2012
Reason for Termination: RETIRED
Practice Name: ASSOCIATES IN CARDIAC CARE

CHANGES

SHIEH, MOSES K., D.O.

GENERAL/BARIATRIC SURGERY

Effective 1/13/2012, this physician moved to a new location as follows:

Office Location Changed From: 5238 MASON CORBIN CT., SUITE 102, FORT MYERS, FL 33907
Office Location Changed To: 6150 DIAMOND CENTRE COURT, SUITE 1300, FORT MYERS, FL 33912
Phone: (239) 344-9786 Fax: 344-9215

PRACTICE INFORMATION

Practice Name: SURGICAL HEALING ARTS CENTER
Primary Address: 6150 DIAMOND CENTRE COURT, SUITE 1300, FORT MYERS, FL 33912