

**LEE PHYSICIAN HOSPITAL ORGANIZATION**  
**PHYSICIAN DIRECTORY UPDATE**  
8/1/2010Through 8/31/2010

**NOTIFICATION OF NEW PROVIDERS**

**ALCALDE, RAFAEL E., D.D.S.**

**ORAL & MAXILLOFACIAL SURGERY**

Effective date with Multiplan (If applicable): 11/1/2010  
Effective date with Beech Street and Accountable Health Plan (if applicable) 10/1/2010  
Effective date with Avmed and Wellcare (if applicable): Pending Credentialing By Plan  
Effective date with all other Lee PHO managed care plans (if applicable): 9/1/2010

AGES TAKEN: 3-99 YRS

PRACTICE NAME: RAFAEL ALCALDE, DDS, PA

**ADDRESS LOCATION(S):**

33 BARKLEY CIRCLE SUITE B, FORT MYERS, FL 33907

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	274-3794	275-3513

**BOLOOKI, HOOSHANG M., M.D.**

**CARDIOLOGY**

Effective date with Multiplan (If applicable): 11/1/2010  
Effective date with Beech Street and Accountable Health Plan (if applicable) 10/1/2010  
Effective date with Avmed and Wellcare (if applicable): Pending Credentialing By Plan  
Effective date with all other Lee PHO managed care plans (if applicable): 9/1/2010

PRACTICE NAME: ASSOCIATES IN CARDIAC CARE

**ADDRESS LOCATION(S):**

1682 NE PINE ISLAND ROAD , CAPE CORAL, FL 33909

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	424-1660	424-1653

**CROSS, ROBERT C., M.D.**

**CARDIOLOGY**

Effective date with Multiplan (If applicable): 11/1/2010  
Effective date with Beech Street and Accountable Health Plan (if applicable) 10/1/2010  
Effective date with Avmed and Wellcare (if applicable): Pending Credentialing By Plan  
Effective date with all other Lee PHO managed care plans (if applicable): 9/1/2010

PRACTICE NAME: ASSOCIATES IN CARDIAC CARE

**ADDRESS LOCATION(S):**

1682 NE PINE ISLAND ROAD , CAPE CORAL, FL 33909

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	424-1660	424-1653

**FERREIRA, CLAUDIO A., M.D.**

**OPHTHALMOLOGY**

Effective date with Multiplan (If applicable): 11/1/2010  
Effective date with Beech Street and Accountable Health Plan (if applicable) 10/1/2010  
Effective date with Avmed and Wellcare (if applicable): Pending Credentialing By Plan  
Effective date with all other Lee PHO managed care plans (if applicable): 9/1/2010

AGES TAKEN: 2 YRS & UP

PRACTICE NAME: EYE CENTERS OF FLORIDA

**ADDRESS LOCATION(S):**

4101 EVANS AVENUE , FORT MYERS, FL 33901  
18316 MURDOCK CIRCLE #108, PORT CHARLOTTE, FL 33948  
877 111TH AVE N UNIT 2, NAPLES, FL 34108  
3507 LEE BLVD. #104 , LEHIGH ACRES, FL 33971  
2352 PINE RIDGE ROAD , NAPLES, FL 34109  
555 N. 15TH STREET , IMMOKALEE, FL 34142  
26831 S. TAMIAMI TRAIL #47 , BONITA SPRINGS, FL 34135  
2301 DEL PRADO BLVD UNIT 650, CAPE CORAL, FL 33990

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	939-3456	936-8776
(239)	743-3125	743-5158
(239)	591-2949	354-7007
(239)	369-5884	
(239)	263-2700	263-2845
(239)	657-4486	
(239)	992-6693	
(239)	574-4443	574-1374

**GHITIS, JOSEPH , M.D.**

**DIAGNOSTIC RADIOLOGY**

Effective date with Multiplan (If applicable): 11/1/2010  
Effective date with Beech Street and Accountable Health Plan (if applicable) 10/1/2010  
Effective date with Avmed and Wellcare (if applicable): Pending Credentialing By Plan  
Effective date with all other Lee PHO managed care plans (if applicable): 9/1/2010

AGES TAKEN: ALL

PRACTICE NAME: RADIOLOGY REGIONAL CENTER, P.A.

**ADDRESS LOCATION(S):**

GULF COAST MEDICAL CENTER 13681 DOCTOR'S WAY, FORT MYERS, FL 33912

<u>AREA</u>	<u>PHONE</u>	<u>FAX</u>
(239)	768-5000	

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**O'CONNOR, ROBERT E., M.D.**

**TRAUMA SURGERY**

Effective date with Multiplan (If applicable): 11/1/2010  
Effective date with Beech Street and Accountable Health Plan (if applicable) 10/1/2010  
Effective date with Avmed and Wellcare (if applicable): Pending Credentialing By Plan  
Effective date with all other Lee PHO managed care plans (if applicable): 9/1/2010

PRACTICE NAME: LEE COUNTY TRAUMA SERVICES DISTRICT

**ADDRESS LOCATION(S):**

2780 CLEVELAND AVE. #702 , FORT MYERS, FL 33901

**AREA**    **PHONE**    **FAX**  
(239)    343-3474    343-2968

**SANTIAGO, MAXIMO J., M.D.**

**DIAGNOSTIC RADIOLOGY**

Effective date with Multiplan (If applicable): 11/1/2010  
Effective date with Beech Street and Accountable Health Plan (if applicable) 10/1/2010  
Effective date with Avmed and Wellcare (if applicable): Pending Credentialing By Plan  
Effective date with all other Lee PHO managed care plans (if applicable): 9/1/2010

AGES TAKEN: ALL

PRACTICE NAME: RADIOLOGY REGIONAL CENTER, P.A.

**ADDRESS LOCATION(S):**

GULF COAST MEDICAL CENTER 13681 DOCTOR'S WAY, FORT MYERS, FL 33912

**AREA**    **PHONE**    **FAX**  
(239)    768-5000

**STROUD, BRITT A., M.D.**

**PEDIATRIC NEUROLOGY**

Effective date with Multiplan (If applicable): 11/1/2010  
Effective date with Beech Street and Accountable Health Plan (if applicable) 10/1/2010  
Effective date with Avmed and Wellcare (if applicable): Pending Credentialing By Plan  
Effective date with all other Lee PHO managed care plans (if applicable): 9/1/2010

AGES TAKEN: 0-21 YRS.

PRACTICE NAME: PEDIATRIC NEUROLOGY

**ADDRESS LOCATION(S):**

9800 S. HEALTHPARK DRIVE SUITE 140, FORT MYERS, FL 33908

**AREA**    **PHONE**    **FAX**  
(239)    985-3600    985-3601

**REINSTATEMENT**

**TALBOTT, JODY E., Ph.D.**

**PSYCHOLOGY**

*Effective 5/1/2008, this physician returned to practice with Lee Memory Care and has again joined the Lee PHO. Please note that Dr. Talbott resigned in 2006 and moved out of the area. She has since returned to practice with Lee Memorial Health System.*

**PRACTICE INFORMATION**

Practice Name: LEE MEMORY CLINIC

Primary Address: 2776 CLEVELAND AVENUE, SUITE 814, FORT MYERS, FL 33901

Phone: (239) 343-2634    Fax: 343-2881

**DELETIONS**

**ANCION, JEAN H., M.D.**

**HOSPITALIST**

Termination Date: 8/6/2010  
Reason for Termination: RESIGNED

Practice Name: HOSPITALIST GROUP OF SOUTHWEST FL, P.A.

**ASSIF, SAID, M.D.**

**HOSPITALIST**

Termination Date: 8/27/2010  
Reason for Termination: RESIGNED

Practice Name: HOSPITALIST GROUP OF SOUTHWEST FL, P.A.

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**DELETIONS (continued)**

**GROSS, MICHAEL P., M.D.**

**PLASTIC SURGERY**

Termination Date: 8/27/2010  
Reason for Termination: RESIGNED  
Practice Name: PLASTIC SURGERY CENTER OF S.W. FLORIDA

**KANJ AHMAD, TAWFIQ S., M.D.**

**HOSPITALIST**

Termination Date: 7/29/2010  
Reason for Termination: RESIGNED  
Practice Name: HOSPITALIST GROUP OF SOUTHWEST FL, P.A.

**LALOMA-SANCHEZ, JORGE A., M.D.**

**HOSPITALIST**

Termination Date: 8/6/2010  
Reason for Termination: RESIGNED  
Practice Name: HOSPITALIST GROUP OF SOUTHWEST FL, P.A.

**McCULLUM, SUSAN D., M.D.**

**PEDIATRICS**

Termination Date: 5/28/2010  
Reason for Termination: RESIGNED  
Practice Name: FAMILY HEALTH CENTERS OF SW FL, INC.

**MIRMANESH, SHAPOUR S., M.D.**

**HOSPITALIST**

Termination Date: 8/6/2010  
Reason for Termination: RESIGNED  
Practice Name: HOSPITALIST GROUP OF SOUTHWEST FL, P.A.

**RINVIL, EDWINE, M.D.**

**HOSPITALIST**

Termination Date: 8/6/2010  
Reason for Termination: RESIGNED  
Practice Name: HOSPITALIST GROUP OF SOUTHWEST FL, P.A.

**SAMII, STEVEN S., M.D.**

**HOSPITALIST**

Termination Date: 8/27/2010  
Reason for Termination: RESIGNED  
Practice Name: HOSPITALIST GROUP OF SOUTHWEST FL, P.A.

**SHAH, SATU J., M.D.**

**HOSPITALIST**

Termination Date: 8/6/2010  
Reason for Termination: RESIGNED  
Practice Name: HOSPITALIST GROUP OF SOUTHWEST FL, P.A.

**LEE PHYSICIAN HOSPITAL ORGANIZATION**  
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**CHANGES**

**ASSOCIATES IN PEDIATRICS**

**PEDIATRICS**

**Effective 8/9/2010, this practice had a change in one of its additional locations as follows:**

*Additional Location Changed From:* 19910 S. TAMIAMI TRAIL, SUITE B, ESTERO, FL 33928  
**Additional Location Changed To:** 3501 HEALTH CENTER BLVD., SUITE 2220, BONITA SPRINGS, FL 34135  
**NEW PHONE AND FAX:** Phone: (239) 343-9888 Fax: 495-8112

*Other Locations remain:*

*Primary:* 4751 S. CLEVELAND AVENUE, FORT MYERS, FL 33907  
Phone: (239) 343-9888 Fax: 343-9868

&

260 BETH STACY BLVD. SUITE C, LEHIGH ACRES, FL 33936  
Phone: (239) 343-9888 Fax: 303-0189

&

650 DEL PRADO BOULEVARD SUITE 107, CAPE CORAL, FL 33990  
Phone: (239) 343-9888 Fax: 772-6762

**PRACTICE INFORMATION**

*Practice Name:* ASSOCIATES IN PEDIATRICS

*Physicians:* DISTASIO, JOHN A., M.D.

KASH, IRWIN J., M.D.

OLIVEIRA-SILVA, PIEDEDE P., M.D.

SCHILLER, THOMAS M., M.D.

WITHAM, NANCY D., M.D.

GHUMAN, KIMBERLY A., M.D.

LOREDO, PIERRE, M.D.

PIETRONIRO, ANTHONY G., M.D.

SHERMAN, MARTIN J., M.D.

WOOD, WILLIAM D., M.D.

**AULD, HEATHER V., M.D.**

**OBSTETRICS & GYNECOLOGY**

**Effective immediately, please add this additional location for this physician:**

**Add Dr. Auld's additional location:** 3507 LEE BLVD., SUITE 107, LEHIGH ACRES, FL 33971  
Phone: (239) 303-2328 Fax: 303-5680

Dr. Auld's primary location remains: 9021 PARK ROYAL DRIVE, FORT MYERS, FL 33908  
Phone: (239) 432-5858 Fax: 482-6297

**PRACTICE INFORMATION**

*Practice Name:* PHYSICIANS PRIMARY CARE OF SW FL.,P.L.

**BOURGON, PIERRE, M.D.**

**PEDIATRIC OPHTHALMOLOGY**

**Effective immediately, please add this additional location for this physician:**

**Add Dr. Bourgon's additional location:** 1665 MEDICAL BLVD. NAPLES, FL 34110  
Phone: (239) 689-5000 Fax: 689-5007

Dr. Bourgon's primary location remains: 9800 S. HEALTHPARK DR., SUITE 110, FORT MYERS, FL 33908  
Phone: (239) 689-5000 Fax: 689-5007

**PRACTICE INFORMATION**

*Practice Name:* BOURGON, PIERRE, M.D. P.A.

**HUGHES, TIMOTHY E., M.D.**

**OBSTETRICS & GYNECOLOGY**

**Effective immediately, this physician has a new phone number as follows:**

*Additional Location:* 3501 HEALTH CENTER BLVD. #2310, BONITA SPRINGS, FL 34135  
Phone: (239)432-3322 Fax: 481-3251

*Other Locations remain:* 16271 BASS ROAD, FORT MYERS, FL 33908  
Phone: (239) 432-3322 Fax: 432-3233

&

8960 COLONIAL CENTER DRIVE, SUITE 300, FORT MYERS, FL 33905  
Phone: (239) 343-9470 Fax: 343-9498

**PRACTICE INFORMATION**

*Practice Name:* LEE OB/GYN ASSOCIATES

**LEE PHYSICIAN HOSPITAL ORGANIZATION**  
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**JONES, ERIC W., M.D.**

**PEDIATRICS**

*Effective immediately, please add this additional location for this physician:*

*Add Dr. Jones' additional location: 5624 8TH ST. W. #108, LEHIGH ACRES, FL 33971*

**Phone: (239) 368-7050      Fax: 368-1331**

*Dr. Jones' Other locations remain: 9350 CAMELOT DRIVE, FORT MYERS, FL 33919*

**Phone: (239) 481-5437      Fax: 481-0570**

**&**

*1261 VISCAYA PARKWAY SUITE 101, CAPE CORAL 33990*

**Phone: (239) 573-7337      Fax: 574-5883**

**PRACTICE INFORMATION**

*Practice Name: PHYSICIANS PRIMARY CARE OF SW FL.,P.L.*

**LEE WOUND CARE**

**HYPERBARIC MEDICINE**

*Effective immediately, this practice has a new phone and fax number as follows:*

*2780 CLEVELAND AVENUE SUITE 705, FORT MYERS, FL 33901*

**Phone: (239) 343-0454      Fax: 343-1077**

**PRACTICE INFORMATION**

*Practice Name: LEE WOUND CARE*

*Physicians: GULDE III, JOSEPH F., M.D.*

*KUPSAW, ROBERT E., M.D.*

**ROSIORU-ROSS, CHRISTIAN, M.D.**

**PEDIATRIC GASTROENTEROLOGY**

*Effective immediately, please add this additional location for this physician:*

*Add Dr. Rosioru-Ross's additional location: 1665 MEDICAL BLVD. NAPLES, FL 34110*

**Phone: (239) 689-5100      Fax: 689-5107**

*Dr. Rosioru-Ross's primary location remains: 9800 S. HEALTHPARK DRIVE, SUITE 145, FORT MYERS, FL 33908*

**Phone: (239) 689-5100      Fax: 689-5107**

**PRACTICE INFORMATION**

*Practice Name: CHILDRENS GASTROENTEROLOGY OF S.W. FLORIDA*

**WOMENS HEALTHCARE PROFESSIONALS**

*Effective immediately, this practice has a change in one of its additional locations as follows:*

*Additional Location Changed From: 19910 S. TAMIAMI TRAIL SUITE B, ESTERO FL 33928*

*Additional Location Changed To: 3501 HEALTH CENTER BLVD SUITE 2310, BONITA SPRINGS FL 34135*

**Phone: (239) 432-3500      Fax: 482-7550**

*(Please note that only Deirdre Fish, MD, Martin Ebenger, MD and Cherrie Morris, MD go to above location)*

*Other locations remain: 4761 S. CLEVELAND AVE., SUITE 4, FORT MYERS, FL 33907*

**Phone: (239) 343-9734      Fax: 343-9727**

**&**

*9981 HEALTHPARK DRIVE, SUITE 283, FORT MYERS, FL 33908*

**Phone: (239) 432-3500      Fax: 482-7550**

**PRACTICE INFORMATION**

*Practice Name: WOMENS HEALTHCARE PROFESSIONALS*

*Physicians: CAMPBELL, KEVIN S., M.D.*

*DEVAL, DIANA D., M.D.*

*EBENGER, MARTIN F., M.D.*

*FISH, DEIDRE M., M.D.*

*MORRIS, CHERRIE R., M.D.*

*Primary Address: 4761 S. CLEVELAND AVE SUITE 4, FORT MYERS, FL 33907*

**LEE PHYSICIAN HOSPITAL ORGANIZATION**  
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8/1/2010Through 8/31/2010

**YU, HSIN CHENG (DAVID), M.D.**

**PEDIATRIC HOSPITALIST**

**Effective 7/31/2010, this physician has changed to a new department within Lee Memorial Health System. Please ALSO note the change in specialty.**

*Dr. Yu no longer in this department: EMERGENCY PHYSICIANS OF LEE MEMORIAL*

***Dr. Yu is in this department PEDIATRIC HOSPITALISTS***

*Dr. Yu's Specialty Changed From: EMERGENCY MEDICINE*

***Dr. Yu's Specialty Changed To: PEDIATRIC HOSPITALIST***

**PRACTICE INFORMATION**

*Practice Name:* **PEDIATRIC HOSPITALISTS**

*Primary Address:* **9981 HEALTHPARK DRIVE, FORT MYERS, FL 33908**

**Phone: (239) 343-5651 Fax: 343-5652**

**FACILITY UPDATE**

**Effective 8/2/2010, the following Hospitals under Lee Memorial Health System have new phone numbers. Please update your system accordingly.**

<b>LEE MEMORIAL HOSPITAL 2776 CLEVELAND AVENUE, FORT MYERS, FL 33901</b>	<b>239-343-2000</b>
<b><u>Departments:</u></b>	
General Information	800-936-5321
Lee Memory Care	239-343-2634
Lee Neurosurgery	239-343-3800
Lee Wound Care	239-343-0454
Mammography	239-424-1499
Medical Records	239-343-2441
MRI	239-343-3122
Occupational Therapy	239-343-3675
Physical Therapy	239-343-3675
Radiology	239-343-2326
<b>THE REHABILITATION HOSPITAL 2776 CLEVELAND AVENUE, FORT MYERS, FL 33901</b>	<b>239-343-3900</b>