



LAKE HAVASU UNIFIED SCHOOL DISTRICT EMPLOYEE BENEFIT TRUST
BOARD OF TRUSTEES – NOTICE OF TRUST MEETING

Thursday, March 8, 2018 3:00 p.m.
2200 Havasupai Blvd. – Governing Board Conference Room
Lake Havasu, AZ 86403

**MEMBERS OF THE LAKE HAVASU UNIFIED SCHOOL DISTRICT EMPLOYEE BENEFIT TRUST
BOARD OF TRUSTEES WILL ATTEND EITHER IN PERSON OR BY TELEPHONE CONFERENCE
CALL.**

The Board of Trustees (the "Board") of the Lake Havasu Unified School District Employee Benefit Trust (LHSEBT) may, by motion, recess into Executive Session for discussion and consultation with attorney(s) for the Board to receive legal advice on any item contained in this Agenda pursuant to ARS 38-431.03 (A)(3) or for discussion or consideration of records exempt by law from public inspection in accordance with ARS 38-431.03 (A)(2) on any item contained in this agenda.

AGENDA

- | | |
|---|-------------------------------|
| 1. Call to Order | Kari Thompson, Chairperson |
| 2. Roll Call | Naomi Morgan, Trust Secretary |
| 3. Pledge to the Flag | Kari Thompson, Chairperson |
| 4. Call to the Public | Kari Thompson, Chairperson |
| 5. Discussion and Possible Action re 2018-19 Benefits and Rates | Erin Collins, ECA |
| 6. Discussion and Possible Action re Silver Plan Enrollment Error | Erin Collins, ECA |
| 7. Ratification of Life Insurance Amendments | Erin Collins, ECA |
| 8. Administrative Update | Erin Collins, ECA |
| 9. Future Agenda Items | Kari Thompson, Chairperson |
| 10. Adjourn | Kari Thompson, Chairperson |

Note: Unless Otherwise Indicated, All Agenda Items Are Potential Action Items

Pursuant to the Americans with Disabilities Act (ADA), LHSEBT endeavors to ensure the accessibility of all its programs, facilities and services to all persons with disabilities. If you need an accommodation for this meeting, please contact Michael Murray at (928) 505-6937. Requests should be made as early as possible to arrange the accommodation.

PLEASE POST NO LATER THAN 3:00 P.M., WEDNESDAY, MARCH 7, 2018

MEMORANDUM

TO: **LHSEBT Trustees**

FROM: **ERIN P. COLLINS & ASSOCIATES, INC. (ECA)**
Jaime Schulenberg, Sr. Account Manager

DATE: March 02, 2018

RE: 2018-19 Budget

As requested at the Trust meeting on February 21, 2018, ECA asked the actuary, Mike Schionning from Cheiron, to price a few additional benefit changes. Those changes and their financial impact as are follows:

- 1) Require the H&W Clinic to use the Trust's BCBSAZ contract with LabCorp for all labs with no additional co-pay

	EE	ES	EC	EC+	EF
Gold Plan	(\$2.72)	(\$4.90)	(\$4.36)	(\$5.72)	(\$7.36)
Silver Plan	(\$2.39)	(\$4.30)	(\$3.82)	(\$5.02)	(\$6.45)

- 2) Add a \$10 Rx co-pay for all medications dispensed at the H&W Clinic

	EE	ES	EC	EC+	EF
Gold Plan	(\$1.14)	(\$2.04)	(\$1.82)	(\$2.38)	(\$3.07)
Silver Plan	(\$1.00)	(\$1.79)	(\$1.59)	(\$2.09)	(\$2.69)

- 3) Eliminate the dispensation of any OTC medication at the H&W Clinic

	EE	ES	EC	EC+	EF
Gold Plan	(\$.76)	(\$1.37)	(\$1.22)	(\$1.60)	(\$2.05)
Silver Plan	(\$.67)	(\$1.20)	(\$1.07)	(\$1.40)	(\$1.80)

In addition, there was one item we previously had priced that I missed in our discussion and wanted to bring to your attention – Partial Rx Fill for Oral Specialty Medications. This is intended to minimize potential waste for new starts to therapy for selected oral specialty medications (currently 18 oncology products) by allowing only two weeks of medication to be dispensed initially. This helps to ensure an individual can tolerate the therapy before dispensing larger amounts. Although the overall savings to the funding factor are relatively nominal, this is a change we would highly recommend as it has the potential to save the Trust significant dollars over the long-term and ensure that your members are receiving the appropriate therapy for their serious medical conditions. Cost savings associated with this change are as follows:

	EO	ES	EC	EC+	EF
Gold Plan	(\$.33)	(\$.59)	(\$.53)	(\$.69)	(\$.89)
Silver Plan	(\$.29)	(\$.52)	(\$.46)	(\$.61)	(\$.78)

Last, but not least, Mobile On-Site Mammography has asked whether the Trust would like to consider the offering of 3D Mammography at their next screening in April. This screening is more expensive than traditional 2D and has a cost impact on the premium as follows:

	EO	ES	EC	EC+	EF
Gold Plan	\$1.72	\$3.10	\$2.75	\$3.61	\$4.64
Silver Plan	\$1.51	\$2.71	\$2.41	\$3.17	\$4.07

Since healthcare reform does not require coverage for 3D mammography and there is a cost impact, ECA would recommend against implementing at this time.

If you have any questions between now and the date of the meeting, I can be reached at (928) 753-4700 ext. 302 or via email at jaimes@ecollinsandassociates.com.

Recommended	Percent Impact	Funding Impact-Gold-Actuarially Adj.				
		<u>EO</u>	<u>ES</u>	<u>EC</u>	<u>EC+</u>	<u>EF</u>
Medical/Prescription Drug Plan						
Cover 3-D Mammography	0.27%	\$1.72	\$3.10	\$2.75	\$3.61	\$4.64
Move all lab services from the clinic to Blue Cross of Arizona	-0.42%	(\$2.72)	(\$4.90)	(\$4.36)	(\$5.72)	(\$7.36)
Charge \$10 for clinic dispensed drugs	-0.18%	(\$1.14)	(\$2.04)	(\$1.82)	(\$2.38)	(\$3.07)
Do not provide OTC drugs through the clinic	-0.12%	(\$0.76)	(\$1.37)	(\$1.22)	(\$1.60)	(\$2.05)

	Percent Impact	Funding Impact-Silver				
		<u>EO</u>	<u>ES</u>	<u>EC</u>	<u>EC+</u>	<u>EF</u>
Medical/Prescription Drug Plan						
Cover 3-D Mammography	0.27%	\$1.51	\$2.71	\$2.41	\$3.17	\$4.07
Move all lab services from the clinic to Blue Cross of Arizona	-0.42%	(\$2.39)	(\$4.30)	(\$3.82)	(\$5.02)	(\$6.45)
Charge \$10 for clinic dispensed drugs	-0.18%	(\$1.00)	(\$1.79)	(\$1.59)	(\$2.09)	(\$2.69)
Do not provide OTC drugs through the clinic	-0.12%	(\$0.67)	(\$1.20)	(\$1.07)	(\$1.40)	(\$1.80)

Minimum	Percent Impact	Funding Impact-Gold-Actuarially Adj.				
		<u>EO</u>	<u>ES</u>	<u>EC</u>	<u>EC+</u>	<u>EF</u>
Medical/Prescription Drug Plan						
Cover 3-D Mammography	0.27%	\$1.66	\$2.99	\$2.65	\$3.48	\$4.48
Move all lab services from the clinic to Blue Cross of Arizona	-0.42%	(\$2.63)	(\$4.73)	(\$4.21)	(\$5.52)	(\$7.10)
Charge \$10 for clinic dispensed drugs	-0.18%	(\$1.10)	(\$1.97)	(\$1.75)	(\$2.30)	(\$2.96)
Do not provide OTC drugs through the clinic	-0.12%	(\$0.73)	(\$1.32)	(\$1.17)	(\$1.54)	(\$1.98)

	Percent Impact	Funding Impact-Silver				
		<u>EO</u>	<u>ES</u>	<u>EC</u>	<u>EC+</u>	<u>EF</u>
Medical/Prescription Drug Plan						
Cover 3-D Mammography	0.27%	\$1.45	\$2.62	\$2.33	\$3.05	\$3.93
Move all lab services from the clinic to Blue Cross of Arizona	-0.42%	(\$2.30)	(\$4.15)	(\$3.69)	(\$4.84)	(\$6.22)
Charge \$10 for clinic dispensed drugs	-0.18%	(\$0.96)	(\$1.73)	(\$1.54)	(\$2.02)	(\$2.59)
Do not provide OTC drugs through the clinic	-0.12%	(\$0.64)	(\$1.16)	(\$1.03)	(\$1.35)	(\$1.74)

MEMORANDUM

TO: **LHSEBT Trustees**

FROM: **ERIN P. COLLINS & ASSOCIATES, INC. (ECA)**
Jaime Schulenberg, Sr. Account Manager

DATE: March 02, 2018

RE: Silver Plan Enrollment Error

It was recently discovered that 7 retirees who elected enrollment in the Silver Plan effective July 01, 2017 were erroneously enrolled in the Gold Plan on the Gilsbar site. These retirees were billed and have paid premium based on the Silver Plan.

Seventeen (17) claims have been processed for five (5) of these members based on the Gold Plan that will require correction. Total impact to the Plan is an additional payment totaling \$197.71 to providers; the impact to the members totals \$1,699.97 which is a result of requesting refunds from providers who were overpaid based on the richer benefit schedule of the Gold Plan.

These claims have not yet been reprocessed, however, it is our recommendation that Trustees authorize correcting these claims based on the appropriate plan in which the retiree enrolled and paid a corresponding premium.

If you have any questions between now and the date of the meeting, I can be reached at (928) 753-4700 ext. 302 or via email at jaimes@ecollinsandassociates.com.

MEMORANDUM

TO: **LHSEBT Trustees**

FROM: **ERIN P. COLLINS & ASSOCIATES, INC. (ECA)**
Jaime Schulenberg, Sr. Account Manager

DATE: March 02, 2018

RE: Life Insurance Amendments

The LHSEBT changed life carriers from Unum to Guardian effective 09/01/17. The new coverage under Guardian was supposed to mirror the previous policy, however, during the course of an ongoing audit by District staff, a number of discrepancies were discovered that require the Guardian contract to be retroactively amended. Based on the length of time which elapsed from policy implementation to discovering the myriad errors, ECA worked with the Chairperson to authorize the required amendments to be executed immediately with ratification from the Board to follow.

The specific amendments are:

- 1) Untie the Voluntary Life (VTL) and Voluntary AD&D (VAD&D). Under UNUM, a plan member could elect VTL and VAD&D separately; when the Guardian plan was quoted and set-up, the VTL and VAD&D were “tied” together so that if a member elects VTL, they automatically get the VAD&D. The additional rate for the VAD&D is \$.026/\$1,000. This amendment changes the contract to allow members to make those elections independently.
- 2) Family Voluntary AD&D. The UNUM plan did not provide an option for family VAD&D and the Guardian plan was not quoted to include that either. However, a staff member at Guardian inadvertently “checked” the box for Family VAD&D when the Open Enrollment materials were prepared and as a result, several District employees elected that coverage. Guardian has agreed to provide this coverage at the same rate as the Employee VAD&D - \$.026/\$1,000.
- 3) Spouse VTL Rates. The UNUM policy calculated the Spouse VTL rate based on the Spouse’s date of birth/age, however, the Guardian policy was quoted and set-up to base the rate on the Employee’s age. The amendment will change the policy so the rate is based on the Spouse’s age and will result in retroactive premium adjustments, although they should be fairly nominal.

- 4) Basic Life/AD&D Minimum. The UNUM policy had a minimum value of \$25,000; that was not quoted or set-up in the Guardian policy. The amendment will create that minimum and will affect about 12 employees whose life benefit will need to be increased. Again, this will cause a retroactive premium adjustment.
- 5) In discussions with District staff, Guardian confirmed that the District's rehire provision is the first of the month following 6 months; their normal policy is 1st of the month following 30 days. To align with the District's policy, this required a plan amendment.
- 6) ECA recommended that the Life contract align with the District's plan year so have asked that the period be adjusted to 07/01 – 06/30.
- 7) Last, but not least, the way the Guardian policy is set up, employees who are married are automatically enrolled for coverage as both an employee and a spouse, resulting in duplicate coverage. Further, both employees can cover their children, which provides for double coverage. The District is paying for this coverage; as such, we recommended that the policy be amended to prevent dual coverage of any single individual.

As noted above, these amendments have already been executed to avoid compounding premium errors so with this action item, we are asking the Board to ratify the policy changes retroactive to September 01, 2017.

If you have any questions between now and the date of the meeting, I can be reached at (928) 753-4700 ext. 302 or via email at jaimes@ecollinsandassociates.com.

MEMORANDUM

TO: **LHSEBT Trustees**

FROM: **ERIN P. COLLINS & ASSOCIATES, INC. (ECA)**
Jaime Schulenberg, Sr. Account Manager

DATE: March 02, 2018

RE: Administrative Update

Health & Wellness Clinic – Full Plate Diet Session 2 Results

Attached are the results from the most recent Full Plate Diet Session conducted by Cerner through the H&W Clinic.

Previous Meeting Follow-Up

- Renewal Meeting Survey – ECA sent out a survey to gauge attendees thoughts on the renewal meeting held on February 7, 2018. If you have not already done so, please fill out the survey and return that to Elena in our office.
- Bank Balance Graph – Trustees requested that ECA provide a copy of the bank balance graph we showed during the February 7 renewal meeting; that is attached for your reference.
- H&W Clinic Visit Trend – At the February 7 meeting, Chairperson Kari Thompson asked if historical visit trend data was available. I was able to pull the attached report that shows visits from 01/01/13 through 12/31/17.
- Restated and Revised December 2017 Financial Report – Also at the February 7 meeting, Mike Bonney, the Trust's CPA, noted that the December financial report needed to be updated to account for an unreconciled balance of \$144,000 that occurred over a year prior. That restated and revised financial report is attached for your records and information.
- American Health Group Case Management ROI Calculation – Vice Chairperson Cox asked AHG how the Case Management ROI was calculated in the report presented at the February 7 meeting. They have provided the attached breakdown of the dollars they use in calculating those figures.
- United Healthcare Vision
 - Attached is a United Healthcare Vision directory for Mohave County as requested at the February 21 meeting.

- Trustees suggested that the District/Trust personally request other vision provider participation in the network. I ran this by the UHC rep to make sure there were no issues and they also reached out to providers again. Lake Havasu Family Eyecare declined to join the network, provided no reason and did not look at the proposed fee schedule. Riverview Vision Center was previously in the network but dropped and will not reconsider. Attached is a list of providers in Lake Havasu City provided by United Healthcare with some notes on their network status.

If you have any questions between now and the date of the meeting, I can be reached at (928) 753-4700 ext. 302 or via email at jaimes@ecollinsandassociates.com.

The Full Plate Diet

Session # 2

Fall 2017

What is The Full Plate Diet?



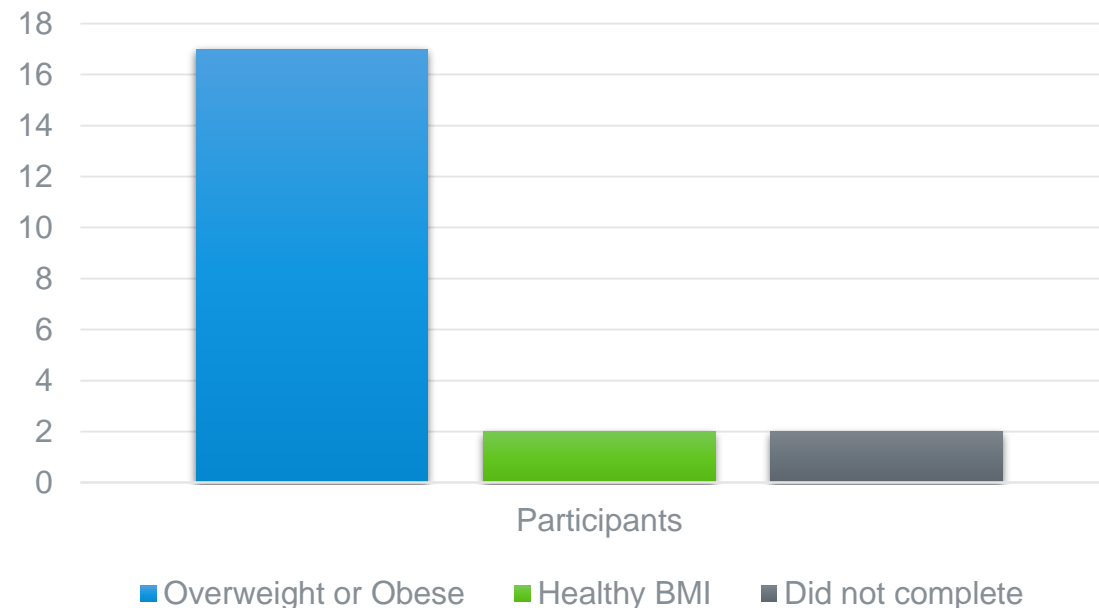
- It was developed over 10 years ago by a Medical Doctor and a Registered Dietician. It teaches very general healthy eating habits, with an emphasis on increasing dietary fiber.
- The program consists of 8 weekly, 1-hour small group learning sessions. Each session focuses on a specific aspect of healthy eating. For example, drinking plenty of water, which foods contain fiber, how to plan a grocery shopping trip, how to pick a meal at a restaurant, etc.

Our Full Plate Diet Sessions

- Our providers (Laura and Chrissy) offered each session twice weekly to accommodate our large group. We also offered individual sessions for anyone who missed a class and wanted to “make it up”.
- Each participant received a book, workbook, fiber guide, and audio CD. They were directed to online resources as well.
- We required that each participant commit to attending AT LEAST 6 of the 8 sessions.
- We also asked for the participants to share the cost of materials by paying \$20 each. This improved participant “buy in” and reduced absenteeism. The center covered the remaining cost.
- We requested each participant to weigh in for our records at the first and final classes only.

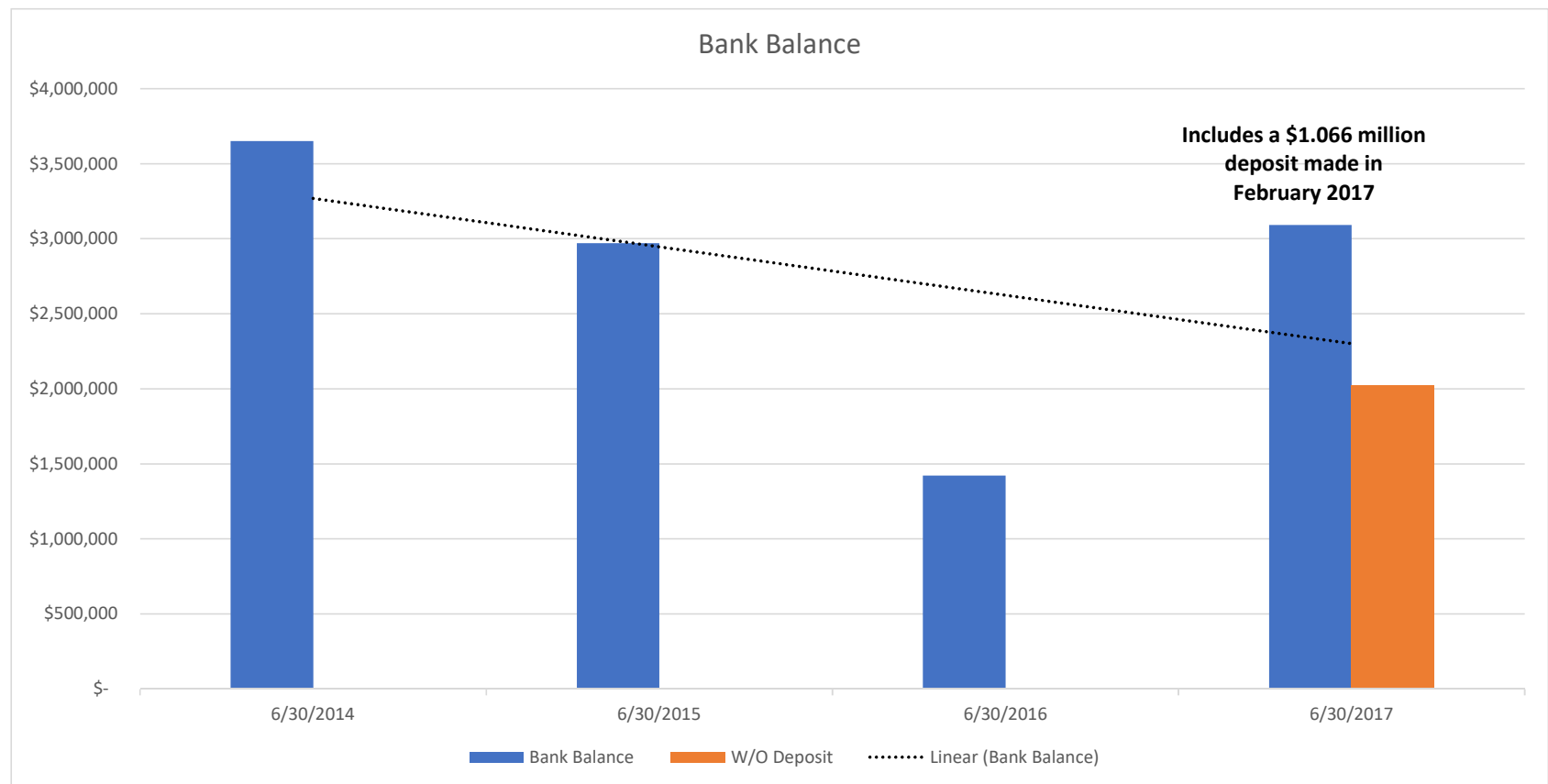
Participants

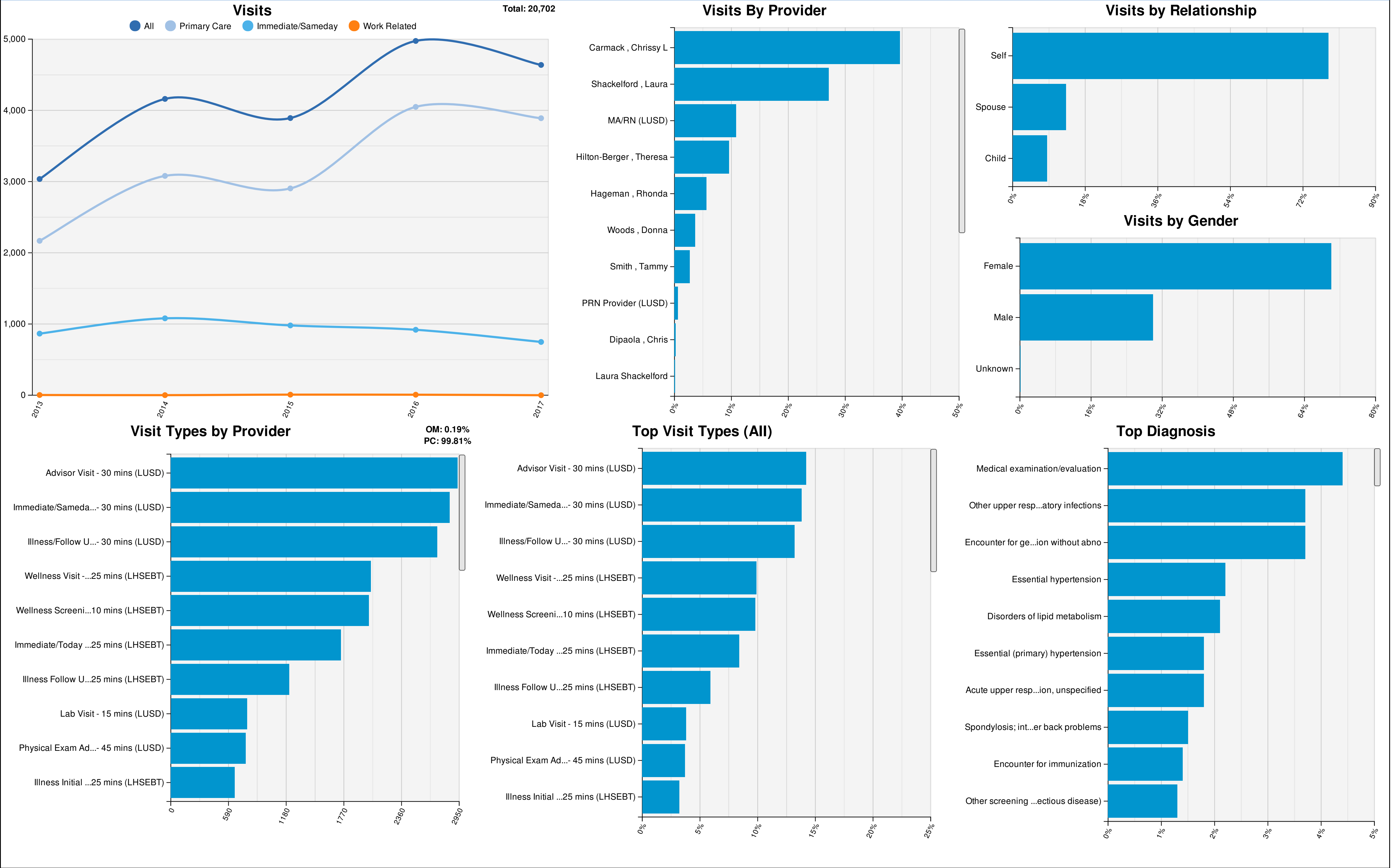
- 21 participants started the 8 week program
 - 2 participants **did not** complete the program (6 or more sessions)
 - 2 participants had a normal BMI or Body Mass Index of 18.5-24.9 and joined to support a friend or family member
 - 17 participants were overweight or obese (BMI>25)



Results

- 15 participants lost weight
 - 81 pounds were lost which is an average of 5.4 pounds/person
 - 4 out of the 15 participants lost 10 or more pounds
- The 2 normal BMI participants remained within the healthy range
- 2 participants gained weight for a total of 7 pounds
- Our program took about 9 weeks to complete due to participant scheduling (no class the week of fall break)





Compilation Report

Financial Statements

**Lake Havasu Unified School District #1
Employee Benefit Trust**

For the one month and six months ended December 31, 2017

Prepared By:

GDK CPA, LLC
90 S. Acoma Blvd, Suite 100
Lake Havasu City, AZ 86403



GDK CPA, LLC

90 Acoma Blvd S, Suite 100 • Lake Havasu City, AZ 86403
Office: (928) 680-1994 • Fax: (928) 680-2933
Email: mike@gdkcpa.com • Website: www.gdkcpa.com

INDEPENDENT ACCOUNTANT'S REPORT

Lake Havasu Unified School District #1
Employee Benefit Trust
Lake Havasu City, Arizona 86403

Management is responsible for the accompanying financial statements of Lake Havasu Unified School District #1 Employee Benefit Trust which comprise the statement of net assets, as of December 31, 2017, and the related statement of activities for the one month and six months then ended, and for determining that the modified cash basis of accounting is an acceptable financial framework. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the modified cash basis of accounting, which is a basis of accounting other than accounting principles accepted in the United States of America.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to Lake Havasu Unified School District #1 Employee Benefit Trust.

GDK CPA, LLC

GDK CPA, LLC
February 9, 2018

LAKE HAVASU UNIFIED SCHOOL DISTRICT #1
EMPLOYEE BENEFIT TRUST
Statement of Net Assets
December 31, 2017

ASSETS

Current Assets

Checking/Savings

Wells Fargo 8200	\$ 1,618,458
Wells Fargo	1,133,529
Morgan Stanley 39055	929,102
Morgan Stanley 41055	89

Total Checking/Savings	<u>3,681,178</u>
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Total Current Assets	<u>3,681,178</u>
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Fixed Assets

Leasehold Improvements	278,772
Accumulated Depreciation	<u>(274,732)</u>

Total Fixed Assets	<u>4,040</u>
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TOTAL ASSETS	<u><u>\$ 3,685,219</u></u>
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LIABILITIES & EQUITY

Liabilities

Current Liabilities

Other Current Liabilities

Claims Payable	<u>\$ 316,011</u>
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Total Other Current Liabilities	<u>316,011</u>
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Total Current Liabilities	<u>316,011</u>
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Total Liabilities	<u>316,011</u>
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Equity

Unrestricted Net Assets	2,515,596
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Net Income	<u>853,612</u>
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Total Equity	<u>3,369,208</u>
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TOTAL LIABILITIES & EQUITY	<u><u>\$ 3,685,219</u></u>
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LAKE HAVASU UNIFIED SCHOOL DISTRICT #1
EMPLOYEE BENEFIT TRUST
Statement of Activity
For the one month and six months ended December 31, 2017

	Dec 17	Jul - Dec 17
Ordinary Income/Expense		
Income		
Additional District Contributio	\$ -	\$ 653,338
Claim Refund Income	2,115	13,750
Cobra Income	2,667	24,506
Dependent Contributions	114,521	343,683
District Contributions	674,377	2,143,940
Reinsurance Income	-	6,119
Retiree Contributions	19,803	109,046
RX Rebates	-	133,338
Stoploss Reimbursement	-	1,461
WOW Income	-	1,787
Total Income	813,483	3,430,968
Gross Profit	813,483	3,430,968
Expense		
Claim Payments		
WISRX	-	188,330
Medical	355,389	1,450,880
RX Fees	445	1,198
Vision	468	2,696
Total Claim Payments	356,301	1,643,104
Cleaning	475	2,850
Commission Expense	7,356	44,156
Depreciation Expense	4,040	24,241
Insurance		
Dental	11,839	140,756
Life	-	10,448
Insurance - Other	7,046	7,046
Total Insurance	18,885	158,250
Landscaping	600	1,200
Mammography Fees	3,662	4,272
Management Fee	-	260,041
Medical Fee Expense	244	244
Pest Control	110	415
Professional Fees		
Consulting Fee	45,063	257,717
Benefit Management	53,609	141,025
Accounting	-	8,150
Legal	(3,021)	(186)
Total Professional Fees	95,651	406,706
Property Taxes	-	4,553

See accompanying accountant's report which is an integral part of these financial statements.

**LAKE HAVASU UNIFIED SCHOOL DISTRICT #1
EMPLOYEE BENEFIT TRUST**

Statement of Activity

For the one month and six months ended December 31, 2017

	Dec 17	Jul - Dec 17
Rent Expense	3,275	19,650
Repairs and Maintenance	150	1,797
Security	107	300
Telephone	35	4,526
Utilities	329	4,055
Total Expense	<u>491,221</u>	<u>2,580,360</u>
Net Ordinary Income	322,262	850,608
Other Income/Expense		
Other Income		
Interest Income	60	1,092
Unrealized gain(loss) on invest	(3,248)	1,912
Total Other Income	<u>(3,188)</u>	<u>3,004</u>
Net Other Income	<u>(3,188)</u>	<u>3,004</u>
Net Income	<u><u>\$ 319,074</u></u>	<u><u>\$ 853,612</u></u>

AMERICAN HEALTH GROUP

COST SAVING MEASURES

2014

Cost Avoidance	Savings
Acute inpatient admission	\$10,500/admission
Acute LT Hospital (LTACH)	\$1,500/day
Acute inpatient rehabilitation	\$1,100 day
SNF	\$375/day
ED/ER visit	\$3,000/visit
Urgent care visit	\$175/visit
Home Health Visits (SN, PT, OT, SP)	\$100/visit
Outpatient Rehab (PT, OT, SP)	\$100/visit
DME/HME	Will need to determine the cost of the equipment your intervention avoided. Check with the TPA and translate the cost over 12 months.
Pharmacy	Will need to determine the cost of the prescription your intervention avoided i.e. OxyContin or any expensive medication. Check with the pharmacy network and translate the cost over 12 months.
Infusion Site Change	Actual cost savings. Will need to determine the cost of the higher level of care minus the lower
Negotiations	Actual cost savings. Will need to determine what the retail charge was.
Steer to PPO Primary Provider	\$2,000

Hospitals – Medicare Arizona average payment 2013 and Professional Benefit Services (PBS) 2012 claims average

LTACH (LT acute hospitals), SNF, acute inpatient rehabilitation – US Department HHS 2012 report

CMSA AZ 2016 – PCP Steering

ADDITIONAL COST SAVINGS (no current dollar value)

- Ancillary services steered to a PPO provider
- Community resource referrals
- Chemotherapy Reviews
- Services steered to a lower cost provider
- Transition to a more appropriate level of care
- Transplant Patients steered to contracted network
- Pharmacy Discount Program referral

VISION PROVIDER DIRECTORY

Mohave

Vision Provider Directory

Your Vision Plan gives you access to Spectera Eyecare Networks. If you have any questions or if you need help with language translation, please contact Customer Service at 1-800-638-3120.

This directory includes a list of our participating vision care providers. The information about each provider includes:

- Provider name, address and phone number
- Foreign languages spoken, if any
- Accessibility for people with disabilities

All participating providers accept new patients.

Spectera Eyecare Networks cannot guarantee the continued participation of vision care providers currently listed in this directory. Network availability may vary from state to state and a specific vision care provider's contract status may be updated when we receive new information. In addition, only the office locations listed are in your network. Visiting a vision care provider at any other location may result in reduced benefits, therefore, before you receive care, we recommend that you verify with the vision care provider that they are still contracted with the network and at the location you are planning to visit. When a provider leaves the network, your out of network benefit will apply. As soon as a provider's status changes, your cost share will increase.

The information included in this directory is updated monthly. Please call our Provider Locator Service at 1-800-839-3242 or visit <https://www.myuhcvision.com> for up to date provider information.

Meeting Our Quality Standards

You can have confidence in knowing that you are receiving care from vision care providers who have been carefully selected for participation in our network. All vision care providers undergo a rigorous review process prior to being accepted into our network, which includes:

- Education, training and experience in Ophthalmology or Optometry
- Licensure, certification and other requirements
- Malpractice history

This process assures that each vision care provider has the required credentials to participate in the network.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call 1-800-638-3120, TTY 711, Monday through Friday, 7 a.m. to 10 p.m. CST.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-638-3120, TTY 711, Monday through Friday, 7 a.m. to 10 p.m. CST.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

Please call 1-800-638-3120.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-638-3120.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請致電：1-800-638-3120。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-800-638-3120.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-638-3120번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-800-638-3120.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по номеру 1-800-638-3120.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ 1-800-638-3120.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-800-638-3120.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-800-638-3120.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-800-638-3120.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para 1-800-638-3120.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-800-638-3120.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-800-638-3120 an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。
ます。1-800-638-3120 にお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.
1-800-638-3120 تماس بگیرید.

कृपा ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा पर काल करें 1-800-638-3120

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-800-638-3120.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទ ទៅលេខ 1-800-638-3120។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-800-638-3120.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'i'go, saad bee áka'anída'awo'ígíí, t'áá jííł'eh, bee ná'ahóót'i'. T'áá shoodí kohjì' 1-800-638-3120 hodiilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-800-638-3120

ARIZONA	BULLHEAD CITY	BULLHEAD CITY	BULLHEAD CITY	BULLHEAD CITY	BULLHEAD CITY
MOHAVE					
BULLHEAD CITY	CLARK, CHRISTOPHER OD WALMART VISION CENTER #1370 2840 HIGHWAY 95 BULLHEAD CITY, AZ 86442 (928)758-1450 OPTOMETRY GENDER: M NPI: 1568564896 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,TRANSLATOR SERVICES	FARBER, ERIC MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1053383349 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	LUE SANG, SASHA OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: F NPI: 1407239924 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	RIPLEY, JOHN OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: M NPI: 1962544775 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	THOMPSON, TAYLOR OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: M NPI: 1770739617 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH
ADELBERG, DANIEL MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1225000557 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	CROOK, DANIEL OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: M NPI: 1720075146 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	FIELD-SHERLOCK, LISA OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: F NPI: 1447223920 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	OWENS, KRISTIA OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: F NPI: 1780657288 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	SCHORE, DONALD OD SAM'S CLUB OPTICAL #4915 600 HIGHWAY 95 BULLHEAD CITY, AZ 86429 (928)754-3950 OPTOMETRY GENDER: M NPI: 1144340217 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,TRANSLATOR SERVICES	WONG, CHRISTINA OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: F NPI: 1568743250 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH
BOYER, PHILLIP DO SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1073703757 BOARD CERT: AMERICAN OSTEOPATHIC BOARD OF OPHTHALMOLOGY AND OTOLARYNGOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	DAGENAIS, VERNE OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: M NPI: 1528122173 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	GARCIA, DENISE MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: F NPI: 1194885590 BOARD CERT: ABO FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	PALMER, MATTHEW OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: M NPI: 1093970931 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	SCHUB, PHILIP OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: M NPI: 1851341929 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	WOOLF, PAUL OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: M NPI: 1609868868 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH
BURR, BRANDON OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: M NPI: 1619375599 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	DARLINGTON, GLENN OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: M NPI: 1588640783 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	HORSLEY, MICHAEL MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1871704007 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	PARASURAM, GEETHA OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: F NPI: 1558737023 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	SELLERS, ROBERT OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: M NPI: 1609031533 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	KINGMAN
CAMPION, MICHAEL MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1265404503 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	DEBEUS, ANTHONY MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1962474247 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	JONES, ANNA OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: F NPI: 1295966828 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	PASCO, BARRY OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: M NPI: 1497725642 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	SHERLOCK, LELAND OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: M NPI: 1790758142 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	
CARMOLLI, GINO OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: M NPI: 1841352002 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	DIAZ, CARLOS MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1093797011 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	KUSMAN, BARRY MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1740362359 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	PETERSEN, AARON MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1972575140 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	SINEK, TIMOTHY OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: M NPI: 1073501862 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	
CHANG, BRIAN MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1700879343 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	DONALDSON, JOSEPH MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1306006317 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	LEWIS, JOHN MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1851364814 BOARD CERT: ABO FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	PFISTER, DARYL MD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPHTHALMOLOGY GENDER: M NPI: 1801868088 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	STAHL, STEPHEN OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: M NPI: 1104882760 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	
CHILES, USA OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: F NPI: 1922077189 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	ETHINGTON, ROGER OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: M NPI: 1679545776 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH		PHAM, SYLVIE OD NATIONWIDE VISION #33066 2840 HIGHWAY 95 SUITE 416-418 BULLHEAD CITY, AZ 86442 (928)704-1808 OPTOMETRY GENDER: F NPI: 1518337914 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	TANNER, TYSON OD SOUTHWESTERN EYE CENTER 3003 HWY 95 STE 63 BULLHEAD CITY, AZ 86442 (928)763-7555 OPTOMETRY GENDER: M NPI: 1851529598 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	BURRELL, TAMELA OD WALMART VISION CENTER #2051 3396 N. STOCKTON HILL RD KINGMAN, AZ 86401 (928)681-3533 OPTOMETRY GENDER: F NPI: 1013936574 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,TRANSLATOR SERVICES

KINGMAN	KINGMAN	KINGMAN	KINGMAN	KINGMAN	KINGMAN
BURTON, CHAD OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1942297445 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH CAMPION, MICHAEL MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: M NPI: 1265404503 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH CARMOLLI, GINO OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: M NPI: 1841352002 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH CHANG, BRIAN MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: M NPI: 1700879343 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH CHILES, LISA OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: F NPI: 1922077189 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH CROOK, DANIEL OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: M NPI: 1720075146 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH DAGENAIS, VERNE OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: M NPI: 1528122173 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH DARLINGTON, GLENN OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: M NPI: 1588640783 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH	DEBEUS, ANTHONY MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: M NPI: 1962474247 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH DIAZ, CARLOS MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: M NPI: 1093797011 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH ETHINGTON, ROGER OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1679545776 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH FIELD-SHERLOCK, LISA OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: F NPI: 1447223920 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH GARCIA, DENISE MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: F NPI: 1194885590 BOARD CERT: ABO FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH HAM, MICHAEL MD KOKOPELLI EYE INSTITUTE 2403 N STOCKTON HILL RD STE 1 KINGMAN, AZ 86401 (844)565-6393 OPHTHALMOLOGY GENDER: M NPI: 1750385647 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH HAM, MICHAEL MD KOKOPELLI EYE INSTITUTE 2501 N STOCKTON HILL RD KINGMAN, AZ 86401 (844)565-6393 OPHTHALMOLOGY GENDER: M NPI: 1750385647 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	HORSLEY, MICHAEL MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: M NPI: 1871704007 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH JONES, ANNA OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: F NPI: 1295966828 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH KOPP, STEVE OD KOKOPELLI EYE INSTITUTE 2403 N STOCKTON HILL RD STE 1 KINGMAN, AZ 86401 (844)565-6393 OPTOMETRY GENDER: M NPI: 1841276979 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH KOPP, STEVE OD KOKOPELLI EYE INSTITUTE 2501 N STOCKTON HILL RD KINGMAN, AZ 86401 (844)565-6393 OPTOMETRY GENDER: M NPI: 1841276979 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH KUSMAN, BARRY MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: M NPI: 1740362359 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH LEFKOWITZ, TODD MD KOKOPELLI EYE INSTITUTE 2403 N STOCKTON HILL RD STE 1 KINGMAN, AZ 86401 (844)565-6393 OPHTHALMOLOGY GENDER: M NPI: 1649248709 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH LEFKOWITZ, TODD MD KOKOPELLI EYE INSTITUTE 2501 N STOCKTON HILL RD KINGMAN, AZ 86401 (844)565-6393 OPHTHALMOLOGY GENDER: M NPI: 1649248709 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH LEWIS, JOHN MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: M NPI: 1851364814 BOARD CERT: ABO FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	LUE SANG, SASHA OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: F NPI: 1407239924 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH OWENS, KRISTIA OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: F NPI: 1780657288 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PACKER, BRADLEY OD KOKOPELLI EYE INSTITUTE 2403 N STOCKTON HILL RD STE 1 KINGMAN, AZ 86401 (844)565-6393 OPTOMETRY GENDER: M NPI: 1780662734 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PACKER, BRADLEY OD KOKOPELLI EYE INSTITUTE 2501 N STOCKTON HILL RD KINGMAN, AZ 86401 (844)565-6393 OPTOMETRY GENDER: M NPI: 1780662734 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH PALMER, MATTHEW OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1093970931 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PARASURAM, GEETHA OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: F NPI: 1558737023 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH PASCO, BARRY OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1497725642 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PETERSEN, AARON MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: M NPI: 1972575140 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	PFISTER, DARYL MD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPHTHALMOLOGY GENDER: M NPI: 1801868088 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PHAM, SYLVIE OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: F NPI: 1518337914 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH RIPLEY, JOHN OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: M NPI: 1962544775 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH RUCH, JAMES OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: M NPI: 1073536751 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH SCHUB, PHILIP OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: M NPI: 1851341929 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH SELLERS, ROBERT OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1609031533 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH SHERLOCK, LELAND OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1790758142 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH SINEK, TIMOTHY OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1073501862 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	STAHL, STEPHEN OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1104882760 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH TANNER, TYSON OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1851529598 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH THOMPSON, TAYLOR OD SOUTHWESTERN EYE CENTER 1919 FLORENCE AVE KINGMAN, AZ 86401 (928)753-5454 OPTOMETRY GENDER: M NPI: 1770739617 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH WONG, CHRISTINA OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: F NPI: 1568743250 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH WOOLF, PAUL OD NATIONWIDE VISION #33072 3505 STOCKTON HILL ROAD SUITE 180 KINGMAN, AZ 86409 (928)757-7670 OPTOMETRY GENDER: M NPI: 1609868868 FULL SERVICE PROVIDER OFFICE LANGUAGE: ENGLISH
LAKE HAVASU CITY					
ADAMS, STUART OD HAVASU EYE CENTER 383 SOUTH LAKE HAVASU AVE LAKE HAVASU CITY, AZ 86403 (928)680-1144 OPTOMETRY GENDER: M NPI: 1184790842 BOARD CERT: AAO FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH ADELBERG, DANIEL MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1225000557 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH BOYER, PHILLIP DO SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1073703757 BOARD CERT: AMERICAN OSTEOPATHIC BOARD OF OPHTHALMOLOGY AND OTOLARYNGOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH					

LAKE HAVASU CITY	LAKE HAVASU CITY	LAKE HAVASU CITY	LAKE HAVASU CITY	LAKE HAVASU CITY
BURRELL, TAMELA OD WALMART VISION CENTER #1364 5695 HIGHWAY 95 LAKE HAVASU CITY, AZ 86404 (928)764-3755 OPTOMETRY GENDER: F NPI: 1013936574 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,TRANSLATOR SERVICES BURTON, CHAD OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1942297445 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH CAMPION, MICHAEL MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1265404503 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH CASTRO, JOHN OD NATIONWIDE VISION INSIDE JCPENNEY #33506 5651 HIGHWAY 95 N LAKE HAVASU CITY, AZ 86404 (928)764-2385 OPTOMETRY GENDER: M NPI: 1508815275 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH CHANG, BRIAN MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1700879343 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH COOK, JEFFREY OD NATIONWIDE VISION INSIDE JCPENNEY #33506 5651 HIGHWAY 95 N LAKE HAVASU CITY, AZ 86404 (928)764-2385 OPTOMETRY GENDER: M NPI: 1932541489 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH CROOK, DANIEL OD NATIONWIDE VISION INSIDE JCPENNEY #33506 5651 HIGHWAY 95 N LAKE HAVASU CITY, AZ 86404 (928)764-2385 OPTOMETRY GENDER: M NPI: 1720075146 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH DAGENAIS, VERNE OD NATIONWIDE VISION INSIDE JCPENNEY #33506 5651 HIGHWAY 95 N LAKE HAVASU CITY, AZ 86404 (928)764-2385 OPTOMETRY GENDER: M NPI: 1528122173 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH	DEBEUS, ANTHONY MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1962474247 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH DIAZ, CARLOS MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1093797011 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH DONALDSON, JOSEPH MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1306006317 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH ETHINGTON, ROGER OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1679545776 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH FARBER, ERIC MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1053383349 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH FIELD-SHERLOCK, LISA OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: F NPI: 1447223920 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH GARCIA, DENISE MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: F NPI: 1194885590 BOARD CERT: ABO FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	HORSLEY, MICHAEL MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1871704007 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH KARGENIAN, ANGELA OD NATIONWIDE VISION INSIDE JCPENNEY #33506 5651 HIGHWAY 95 N LAKE HAVASU CITY, AZ 86404 (928)764-2385 OPTOMETRY GENDER: F NPI: 1124557442 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH KUSMAN, BARRY MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1740362359 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH LEWIS, JOHN MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1851364814 BOARD CERT: ABO FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH OWENS, KRISTIA OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: F NPI: 1780657288 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PALMER, MATTHEW OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1093970931 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PASCO, BARRY OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1497725642 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PATEL, JETAL OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: F NPI: 1932197308 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	PETERSEN, AARON MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1972575140 BOARD CERT: AMERICAN BOARD OF OPHTHALMOLOGY FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PFISTER, DARYL MD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPHTHALMOLOGY GENDER: M NPI: 1801868088 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH PORT, TIMOTHY OD HAVASU EYE CENTER 383 SOUTH LAKE HAVASU AVE LAKE HAVASU CITY, AZ 86403 (928)680-1144 OPTOMETRY GENDER: M NPI: 1174627244 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH ROLLINS, MICHAEL OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1275798118 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH ROPER, ARLYNN OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1013980515 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH RUCH, JAMES OD NATIONWIDE VISION INSIDE JCPENNEY #33506 5651 HIGHWAY 95 N LAKE HAVASU CITY, AZ 86404 (928)764-2385 OPTOMETRY GENDER: M NPI: 1073536751 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH SELLERS, ROBERT OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1609031533 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH SHERLOCK, LELAND OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1790758142 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH	SINEK, TIMOTHY OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1073501862 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH STAHL, STEPHEN OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1104882760 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH TANNER, TYSON OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1851529598 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH THOMPSON, TAYLOR OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1770739617 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH WALKER, BRADLEY OD SOUTHWESTERN EYE CENTER 2005 INJO DR STE 102 LAKE HAVASU CITY, AZ 86403 (928)505-3696 OPTOMETRY GENDER: M NPI: 1003889460 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH,SPANISH WOO, STEPHANIE OD HAVASU EYE CENTER 383 SOUTH LAKE HAVASU AVE LAKE HAVASU CITY, AZ 86403 (928)680-1144 OPTOMETRY GENDER: F NPI: 1922396076 FULL SERVICE PROVIDER WHEELCHAIR ACCESSIBLE OFFICE LANGUAGE: ENGLISH

City	Office	Parent Office	Address	City	State	Zip	Phone	Comments:
	LAKE HAVA PBW OPTOMETRY PC	SAME AS RIVERVIEW	14 SCOTT DR	LAKE HAVA	AZ	86403	(928) 854-3555	Termed last year and have declind to rejoin.
	LAKE HAVA VISION EYE CARE CENTER		1761 MCCULLOCH BLVD N	LAKE HAVA	AZ	86403	(928) 453-1761	PRACTICE IS CLOSED
	LAKE HAVA ROBERT GARRETT O.D		1761 MCCULLOCH BLVD N STE D	LAKE HAVA	AZ	86403	(928) 680-4500	PRACTICE IS CLOSED
	LAKE HAVA RIVERVIEW VISION CENTER		1923 MCCULLOCH BLVD STE 102	LAKE HAVA	AZ	86403	(928) 854-3555	SAME GROUP AS PBW OPTOMETRY - Listed above
	LAKE HAVA FOCUS OPTICAL		1987 MCCULLOCH BLVD N STE 108	LAKE HAVA	AZ	86403	(928) 453-3777	PRACTICE IS CLOSED
	LAKE HAVA SOUTHWESTERN EYE CENTER		2005 INJO DR STE 102	LAKE HAVA	AZ	86403	(928) 505-3696	In network
	LAKE HAVA LAKE HAVASU FAMILY EYECARE		2277 SWANSON AVE STE 100	LAKE HAVA	AZ	86403	(928) 855-5026	DECLINED
	LAKE HAVA HAVASU EYE CENTER	Vision Source	383 LAKE HAVASU AVE S	LAKE HAVA	AZ	86403	(928) 680-1144	
	LAKE HAVA NATIONWIDE LAKE HAVASU VISION CENTER INSID	Nationwide Vision	5651 HIGHWAY 95 N	LAKE HAVA	AZ	86404	(928) 764-2385	In network
	LAKE HAVA WALMART SUPERCENTER	Walmart Vision	5695 HIGHWAY 95 N	LAKE HAVA	AZ	86404	(928) 764-3755	Glasses, contacts only--no doctor at this location.